

LIBRARY MEMBERSHIP ENROLLMENT

____ Please enroll us as a Full Library Members for 12 months at a cost of \$365

____ Please enroll us as a Half Library Members for 12 months at a cost of \$185

____Please enroll us as a Double Library Members for 12 months at a cost of \$725

Enclosed is a check for \$_____

Please make your check payable to:

Institute of Contemporary Art, Boston and mail to:

The Institute of Contemporary Art / Boston Attn: Casey Beaupre 100 Northern Ave Boston, MA 02210

Please charge our credit card in the amount of \$_____

American Express Discover MasterCard Visa
Cardholder Name
Card Number
Expiration Date
Library Name:
Name of Contact:
Address:
City/Town:
State:ZIP:
Phone: Fax:
Email: