



INSTITUTE OF
CONTEMPORARY
ART / BOSTON

Library Membership Enrollment

___ Please enroll us as a Full Library Member for twelve months at a cost of \$375

___ Please enroll us as a Half Library Member for twelve months at a cost of \$195

___ Please enroll us as a Double Library Member for twelve months at a cost of \$735

Library Membership valid for the month of _____ through _____

Digital Passes – Passes are set up by participating library

Physical Passes – Passes will be mailed to you by the ICA

Enclosed is a check for \$ _____

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

Please circle: Mastercard Visa American Express Discover

Card number _____ Expiration date _____

Cardholder's name _____

Please make your check payable to **Institute of Contemporary Art, Boston** and mail to:

Institute of Contemporary Art / Boston
Attn: Library Membership
25 Harbor Shore Drive
Boston, MA 02210

Library name: _____

Name of contact person: _____

Address: _____

City/Town: _____

State: _____ ZIP: _____

Telephone: _____

Email: _____

Thank you for your support of the ICA! A receipt will be emailed to you when received and processed.