



INSTITUTE OF
CONTEMPORARY
ART / BOSTON

Library Pass Program Enrollment + Renewal Form

Library Name _____

Address _____

City/Town _____

State _____

Zip _____

Contact _____

Email(s) _____

Telephone _____

Library Pass Level (please select one)

_____ Full Library, 300 Passes, valid for twelve months at a cost of \$375

_____ Half Library, 150 Passes, valid for twelve months at a cost of \$225

Check Payment

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

Library Pass Program
Institute of Contemporary Art/Boston
25 Harbor Shore Drive
Boston MA 02210

Credit Card Payment (please circle one)

American Express Discover Mastercard Visa

Name _____

Number _____

Expiration _____ Security Code _____

Questions? Please email librarypassprogram@icaboston.org. Thank you for your support!