

Brookline Arts Center Membership Form

Name: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Day phone # _____ Evening phone # _____

Membership Type :

Please note: Members must be age 18 or over. Children under age 18 can be included in a Family Membership. Family Memberships provide membership benefits for the entire family.

Please circle one of the following:

Individual: (must be age 18 or over)	Family:
Basic \$40	Basic \$60
Plus \$100	Plus \$125
Supporting \$200	Supporting \$325
Contributing \$400	Contributing \$475

Other contribution amount: \$ _____ Total amount: \$ _____

Payment Method:

Please circle one: Check Visa MasterCard

Card Number: _____ Expiration: ____/____/____ Sec.code ____

Mail or fax this form:
Brookline Arts Center
86 Monmouth Street
Brookline, MA 02246

Phone: 617-566-5715
Fax: 617-738-8760
www.brooklineartscenter.com
Email: bac@brooklineartscenter.com

Contributions to the Brookline Arts Center are tax deductible to the fullest extent of the law. Fees and benefits are subject to change without notice.
Membership fees are non-refundable.

Please make checks payable to Brookline Arts Center ~Thank you!