



LIBRARY MEMBERSHIP APPLICATION

Contact Name: _____

Library Name: _____

Address: _____

Contact E-Mail: _____

Contact Phone: _____

Library MEMBERSHIP COST: \$75

How will you be purchasing your Library Pass Membership?

Paying by check from the institution.

Paying through another funding source.

Name and address of funding source: _____

Please remit this form with payment of \$75 to:

Fitchburg Art Museum Membership

185 Elm Street

Fitchburg, MA 01420

Thank you for supporting the Fitchburg Art Museum.