

# MASS MoCA BUSINESS MEMBERSHIP

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## CHOOSE A LEVEL:

\$100 ..... Business Friend  
\$500 ..... Business Member  
\$1,500 ..... Business Associate  
\$5,000 ..... Business Leader

*Membership is for a full year  
and is non-transferrable.*

## BUSINESS INFO:

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Company Name

Dr.    Mr.    Mrs.    Ms.    Mr. & Mrs.

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Name

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Name on second card I prefer a "guest of the company" card.

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Street

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City

State

Zip

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Phone

Email

## PAYMENT OPTIONS

Enclosed is a check, payable to MASS MoCA, in the amount of \$\_\_\_\_\_

Please charge my:

Visa    Mastercard    American Express    Discover

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Name as it appears on credit card

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Account number

Exp. date

Complete this form and mail to:

**MASS MoCA  
MEMBERSHIP OFFICE  
1040 MASS MOCA WAY  
NORTH ADAMS, MA 01247**

For information,  
contact Rebecca Wehry  
at 413.664.4481 x8157  
or [rwehry@massmoca.org](mailto:rwehry@massmoca.org)

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Signature