## **MEMBERSHIP**



Date	Member #			
CHOOSE A	MEMBERSHIP L	EVEL		
Individual \$65 Free admission for one cardholder			Advocate \$1,000 Free admission for two cardholders, four children and four guests	
<b>Dual/Family \$100</b> Free admission for two cardholders and four children		dren	Innovator \$2,500 Free admission for two cardholders, four children and four guests	
Partner \$250 Free admission for two cardholders and four children		dren	<b>Visionary \$5,000</b> Free admission for two cardholders, four children and four guests	
Sustainer \$50 Free admission fo	<b>00</b> or two cardholders and four chil	dren and two guests		· ·
I would like to	o renew/rejoin and my	information on my a	account is still val	lid.
I would like to	purchase a gift memb	ership for		
I would like to contribute \$			_ to the annual fund. Thank you!	
Mailing Address				Phone Date of Birth
•			Zip	Date of birth
	ARDHOLDER			Phone
NameEmail				
Please auto-re	new my membership a	innually		
SIGN & SU	BMIT			
Signature				Date
☑ Print and mail	this form to 1040 MAS	S MoCA Way, North	Adams, MA, 012	247 or
FOR OFFICE	USE ONLY			
New Rejoin	Upgrade Conversion	Amount Paid		Promo/Source

Order#

Solicitor

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