



**New Berlin Art Forum**  
**Season Membership Application**  
**2019 – 2020**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Level (please check)**

- |  |  |
|--|--|
| <input type="checkbox"/> Angel.....\$500. <sup>00</sup>      | <input type="checkbox"/> Family.....\$65. <sup>00</sup>        |
| <input type="checkbox"/> Benefactor.....\$250. <sup>00</sup> | <input type="checkbox"/> Adult.....\$40. <sup>00</sup>         |
| <input type="checkbox"/> Sponsor.....\$150. <sup>00</sup>    | <input type="checkbox"/> Senior Citizen ...\$30. <sup>00</sup> |
| <input type="checkbox"/> Patron.....\$100. <sup>00</sup>     | <input type="checkbox"/> Student.....\$25. <sup>00</sup>       |

Please mail this completed form with your tax deductible contribution to:

**New Berlin Art Forum**  
**P.O. Box 329**  
**New Berlin, N.Y. 13411**