

membership and enrollment fall 2007 • cut below & return

Name (Mr., Mrs., Ms.) _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

E-mail _____ Would you like to receive information via e-mail? yes no

Mode of payment: check MasterCard Visa American Express

Name as it appears on card _____ **Signature X** _____

Card # _____ V-code _____ Expiration date _____

I am a new student I last attended _____ semester

How did you learn about Fleisher? *Please circle all that apply.*

word of mouth newspaper radio/TV website other: _____

Please fill out if registrant is under the age of 18.

Age _____ Name of parent or guardian _____ Emergency phone _____

Open-Enrollment Adult Classes

Please print selection and fees paid. Refer to page 3 for codes.

code	class	tuition	model/ materials fees	membership
additional gift				
TOTAL ENCLOSED				

Adult Workshops

Please print selection and fees paid. Refer to pages 4-5 for codes.

code	workshop	tuition	model/ materials fees	membership
additional gift				
TOTAL ENCLOSED				

Registration

Registrations will be honored in the order received. Please note withdrawal and refund policies described on page 4. Please complete a separate form for each registrant and return with membership contribution, tuition, and other applicable fees before deadline to:

Fall 2007 Registrations
Fleisher Art Memorial
719 Catharine Street
Philadelphia, PA 19147-2811

Special Needs

I am registering as a student at Fleisher and have special needs that staff members should know about.

Liability for Student Artwork

Care is exercised to protect student artwork, but the Fleisher Art Memorial assumes no responsibility for loss or damage to student work stored or exhibited on the premises. Students are responsible for removing all artwork and supplies at the end of each school term, including items stored in lockers.

Membership and Support

Membership Matters!

Your membership to Fleisher allows us to offer free and low-tuition art instruction of the highest quality. Your membership makes a difference. Please join Fleisher today. Thank you!

I want to support the creative work of the Fleisher Art Memorial by becoming a member. Enclosed is my:

- \$90 annual household membership
- \$60 annual individual membership
- \$40 annual individual senior membership
- \$30 term individual membership

I am making an additional tax-deductible gift of \$_____.

My employer has a matching gift program; a form is enclosed.

I am interested in helping the Fleisher Art Memorial by volunteering my time and services. Please contact me.

Fleisher Art Memorial is a charitable organization in the Commonwealth of Pennsylvania. A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.

Information is accurate as of press time and subject to change without notice.

FOR OFFICE USE ONLY

Fall adult membership \$30 Annual membership \$60 Senior membership \$40 Household membership \$90 Date paid _____ Cash Check Charge Fees: Class _____ \$ _____ Class _____ \$ _____

CUT HERE

