

Join Us! Register! Donate! Fall 2008

Complete and mail this form or register/donate online at www.fleisher.org.

Hard-copy forms should be returned by the deadline with applicable fees to:
Fall 2008 Registration, Fleisher Art Memorial, 719 Catharine Street, Philadelphia, PA 19147-2811

Questions? Please call (215) 922-3456.

Mr. Ms. Mrs. Dr. Other: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (home) _____ (work) _____

E-mail _____ Would you like to receive information via e-mail? Yes No

<input type="checkbox"/> I want to take a class!				
Open-Enrollment Adult Classes and Adult Workshops				
Code	Class	Tuition	Model/materials fee	Amount
				\$
				\$
				\$
				\$
Registration Subtotal				\$
<input type="checkbox"/> I am a new student <input type="checkbox"/> I last attended _____ semester <input type="checkbox"/> I understand photographs may be taken of students or their work for Fleisher publications. I permit Fleisher to distribute these publications to audiences of their choosing. I am aware that this is a legally binding agreement. <input type="checkbox"/> I have special needs; please contact me. Please fill out if registrant is under the age of 18: Age _____ Name of parent or guardian _____ Emergency phone _____ Date of birth _____				
<input type="checkbox"/> I want to become a member!				
Membership <input type="checkbox"/> \$30 semester <input type="checkbox"/> \$60 annual <input type="checkbox"/> \$40 senior annual <input type="checkbox"/> \$90 household annual				
Membership Subtotal				\$
<input type="checkbox"/> I want to make an additional gift to support Fleisher's arts programming!				
All gifts over \$60 include Fleisher membership benefits.				
<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$150 <input type="checkbox"/> \$90 <input type="checkbox"/> \$60 <input type="checkbox"/> Other _____				
<input type="checkbox"/> My employer will match my gift; a form is enclosed.				
My gift is in <input type="checkbox"/> honor <input type="checkbox"/> memory of _____				
Please notify: _____				
Gift Subtotal				\$
Total				\$

Method of payment: Check MasterCard Visa American Express

Name as it appears on card _____

Card number _____ Security code _____ Expiration date _____

Signature _____

Registration will be honored in the order received. Please note withdrawal and refund policies described on page 14. Please complete a separate form for each registrant (extra forms may be downloaded from www.fleisher.org) and return with membership contribution, tuition, and other applicable fees before the deadline to:
Fall 2008 Registration
Fleisher Art Memorial
719 Catharine Street
Philadelphia, PA 19147-2811

FOR OFFICE USE ONLY

Fall Membership \$30 adult
Annual Membership \$60 annual
\$40 senior
\$90 household
Date paid _____
 cash check charge

Membership contributions and additional gifts help keep Fleisher running strong!

Members receive:

- Invitations to special events
- Discounted prices on concerts and performances
- Special members' rate for tuition-bearing workshops
- Free general admission to the Philadelphia Museum of Art
- Fleisher art supply store discount
- Free bonus nights on model cards
- The opportunity to participate in the *Annual Student Members Exhibition*