

# Join Us! Register! Donate!

Complete and mail this form or register/donate online at [www.fleisher.org](http://www.fleisher.org).

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

Questions? Please call (215) 922-3456.

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!				
<b>Open-Enrollment Adult Classes and Adult Workshops</b>				
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 _____				
<input type="checkbox"/> I want to become a member!				
Membership <input type="checkbox"/> \$30 semester <input type="checkbox"/> \$40 senior annual <input type="checkbox"/> \$60 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](http://www.fleisher.org)) and return with membership contribution, tuition, and other applicable fees before the deadline to:  
Spring 2008 Registration  
Fleisher Art Memorial  
719 Catharine Street  
Philadelphia, PA 19147-2811

## FOR OFFICE USE ONLY

Fall adult membership  
\$30 semester  
\$40 senior  
\$60 annual  
\$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*