

THE   
**CAHOON MUSEUM**  
of AMERICAN ART

## Membership Form

New     Renewal     Gift Membership

### BASIC MEMBERSHIP

Student/Artist - \$25

Individual - \$40

Dual - \$60

Family Plus - \$100

### PREMIUM MEMBERSHIP

(Includes NARM benefits)

Associate - \$250

Sponsor - \$500

Patron - \$1,000

Cahoon Society - \$1,500+

Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_ Dr. \_\_\_\_\_

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

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

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

Please check here if you'd prefer to receive your Spyglass newsletters by email.

Alternate address (if needed) for  summer  winter

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

\*Please select your method of payment and mail to:

Cahoon Museum, P.O. Box 1853, Cotuit, MA 02635

\_\_\_ Check payable to **Cahoon Museum**.

\_\_\_ Charge my credit card in the amount of \$ \_\_\_\_\_ \_\_\_ Visa \_\_\_ MasterCard

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ CVV Code \_\_\_\_\_

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