

# MASS MoCA BUSINESS MEMBERSHIP

### CHOOSE A LEVEL:

- \$100 ..... Business Friend
- \$500 ..... Business Member
- \$1,500 ..... Business Associate
- \$5,000 ..... Business Leader

*Membership is for a full year and is non-transferrable.*

### BUSINESS INFO:

\_\_\_\_\_  
Company Name

Dr.  Mr.  Mrs.  Ms.  Mr. & Mrs.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name on second card  I prefer a "guest of the company" card.

\_\_\_\_\_  
Street

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

\_\_\_\_\_  
Phone Email

### PAYMENT OPTIONS

Enclosed is a check, payable to MASS MoCA, in the amount of \$\_\_\_\_\_

Please charge my:

Visa  Mastercard  American Express  Discover

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
Account number Exp. date

Complete this form and mail to:

**MASS MoCA  
MEMBERSHIP OFFICE  
1040 MASS MOCA WAY  
NORTH ADAMS, MA 01247**

**For information,  
contact Rebecca Rice  
at 413.664.4481 x8112  
or rrice@massmoca.org.**

\_\_\_\_\_  
Signature