



deCordova Sculpture Park and Museum
Membership Form

Join today by completing this form or calling 781.259.3631

Primary Member's Name: _____
As you would like it to appear on your membership card

Second Name on Membership Card: _____
Optional

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: _____

Membership Category:

- | | |
|---|--|
| <input type="checkbox"/> Individual \$60 - \$89 | <input type="checkbox"/> Sponsor \$250 - \$499 |
| <input type="checkbox"/> Dual \$90 - \$124 | <input type="checkbox"/> Benefactor \$500 - \$999 |
| <input type="checkbox"/> Family \$95 - \$124 | <input type="checkbox"/> Julian Club \$1,000 - \$1,499 |
| <input type="checkbox"/> Friend \$125 - \$249 | |

Please indicate exact amount: \$ _____

- I would like to receive family program notices.
Must be Family level member and above.

Payment Information:

- Enclosed is my check payable to deCordova Sculpture Park and Museum
 Please bill my credit card MasterCard Visa AMEX

Card Number: _____

Expiration: _____ CVN: _____

Signature: _____

Mail completed form to:
deCordova Sculpture Park and Museum
Attn: Membership
51 Sandy Pond Road
Lincoln, MA 01773

Memberships take 30 days to process. Memberships are non-refundable and non-transferable.