



## SCHOOL MEMBERSHIP

I would like my classroom to enjoy the benefits of a school membership.

\_\_\_\_\_Renewing School Member

\_\_\_\_\_ New School Member

School Membership: \$25.00

Benefits:

- Reduced fees for education programs at Brookside (applicable to all students and teachers in the member school).
- *Columns*, Brookside Museum's newsletter

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

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_Town \_\_\_\_\_

Telephone: \_\_\_\_\_County \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ I've enclosed my check, made payable to Brookside Museum

\_\_\_\_\_ Please charge my Visa, MasterCard or Discover Card

Card number \_\_\_\_\_Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**THANK YOU!**  
**YOUR SUPPORT IS IMPORTANT TO US!**