



## FELLOWS MEMBERSHIP FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Membership Level:**

- All Inclusive Membership at \$99.00/year       Partial Membership at \$49.00/year

**Media:** Check the category that best describes your work in the visual arts (You may check more than one):

- |                                  |                                       |                                      |
|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Craft   | <input type="checkbox"/> Installation | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Painting     | <input type="checkbox"/> Sculpture   |
| <input type="checkbox"/> Digital | <input type="checkbox"/> Printmaking  | <input type="checkbox"/> Other:      |

**Form of Payment:**  Check       American Express       Visa       Mastercard  
*Make checks payable to the Arts & Business Council of Greater Boston*

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Number\*: \_\_\_\_\_

\*The 4 digits printed on the front of the Amex card above the embossed number, the last digits in the signature panel in Visa/MC cards.

Arts & Business Council of Greater Boston  
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