

# MYSTIC MUSEUM OF ART

## CLASS & MEMBERSHIP REGISTRATION FORM

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
(If registering for a youth or child, name of adult responsible for him/her)

Mailing address \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### CLASS REGISTRATION

Class Policy and Registration Information is posted on our website. Please read and familiarize yourself with our policies, including the publicity policy.

Name of Student	Date and Title of Class	Class Fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

I understand that there are no refunds once class has started except in cases of medical or family emergencies. I will notify MMoA as soon as possible, should I need to cancel my enrollment. If this is an adult enrollment, I give permission for my photo to be used in print/on the web. Unless otherwise indicated by an instructor or staff member, all artwork created during classes must be picked up no later than 14 days after the final class session. The MMoA is not responsible for student artwork left at our facility over 14 days after a class has been completed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Child Registration Only:

Emergency and Medical Information: Have you filled out a MMoA Program Participation Packet form in the last year?  
 YES  NO (please fill out form)

If yes, has any of the information changed?  YES (please fill out a new form)  NO

Birth dates: Child 1. \_\_\_/\_\_\_/\_\_\_ Child 2. \_\_\_/\_\_\_/\_\_\_ Child 3. \_\_\_/\_\_\_/\_\_\_

### MEMBERSHIP INFORMATION, if adding membership

<input type="checkbox"/> <b>New Member</b>	<input type="checkbox"/> <b>Membership Renewal</b>	Membership Dues \$ _____
<input type="checkbox"/> Individual (18+) \$40	<input type="checkbox"/> Donor \$100	
<input type="checkbox"/> Family \$55	<input type="checkbox"/> Sustaining \$250	
<input type="checkbox"/> Elected Artist \$45	<input type="checkbox"/> Patron \$500	
<input type="checkbox"/> Dual/Family Elected \$80	<input type="checkbox"/> Benefactor \$1000	
<input type="checkbox"/> Directors Circle \$5000		Total Charge \$ _____

PAYMENT  Credit Card (All major CCs accepted)  Check (made payable to Mystic Museum of Art) Cash

Name (as it appears on card) \_\_\_\_\_

Card # \_\_\_\_\_

Card Expiration Date \_\_\_/\_\_\_/\_\_\_ V-code \_\_\_\_\_

Signature \_\_\_\_\_ rev. 12/10/14

Mail: Education Department, Mystic Museum of Art  
9 Water Street, Mystic, CT 06355  
Or Email: cbermann@mysticmuseumofart.org

For office use only:  
Data Entry date/init. \_\_\_\_\_  
Check # OR Approval Code: \_\_\_\_\_