

MEMBERSHIP FORM

Date: _____

As a member you will enjoy attendance at our biweekly programs, participation in our annual Members' Exhibit and invitation to participate in other special exhibits, members' rates on classes and workshops, access to our darkroom, discounts at participating photography merchants and a newsletter with free ad options.

- \$36 STUDENT (Under 18 or with college ID)
- \$50 SENIOR (62 and over)
- \$80 SENIOR HOUSEHOLD
- \$70 INDIVIDUAL
- \$100 HOUSEHOLD
- \$30 FRIEND OF CPM
- \$250 SPONSOR
- \$360 KEY MEMBER (for established members; call 608-287-1182 for more information.)

Name: _____

Co-member (for household): _____

Address _____

City State ZIP

Daytime phone: _____

Evening phone: _____

Cell phone: _____

E-mail: _____

Co-member e-mail: _____

Are you interested in volunteering in any capacity? Please circle one. **Yes/No**

NEW MEMBERSHIP _____ RENEWAL _____

How did you hear about CPM? _____

Please return your form and check to:
The Center for Photography at Madison
P.O. Box 56022
Madison WI 53705-9322

Additional contributions are welcome and tax deductible.

If you are unable to pay full membership fees, please contact CPM at 608-287-1182 or www.cpmad.org to make payment arrangements.

PLEASE ALLOW UP TO 3 WEEKS TO PROCESS MEMBERSHIP