







Fax/Phone: 610-562-3106



## 2016 MEMBERSHIP FORM

**\***Shaping Hamburg's Future \*

am <u>e:</u>	Phone:
usiness Name (if applica	ble, as written for records):
Address:	
Fax:	E-mail:
Vebsite:	
LEVEL OF MEMBERSHIP	
Business Me	embership \$100 — Resident Membership \$25
———— Art Alliance	Membership\$35 — Household Membership\$50
PAYMENT	oing to revitalize our community. Amount of additional donation:
PAYMENT  Please Charge My Credi	it Card (Visa, Mastercard, and Discover)   Payment For Membership En
PAYMENT  Please Charge My Credi  ype of Card:	it Card (Visa, Mastercard, and Discover)    Payment For Membership En  Account Number:
PAYMENT  Please Charge My Credi  ype of Card:  xpiration Date:	it Card (Visa, Mastercard, and Discover)   Payment For Membership En Account Number: Card Holder's Name:
PAYMENT  Please Charge My Credi  ype of Card:	it Card (Visa, Mastercard, and Discover)   Payment For Membership En Account Number: Card Holder's Name:
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PAYMENT  Please Charge My Credi  ype of Card:  xpiration Date:  p Code:  VOLUNTEER OPPORTI	it Card (Visa, Mastercard, and Discover)   Payment For Membership En Account Number: Card Holder's Name: Signature:
PAYMENT  Please Charge My Credi  ype of Card:  xpiration Date:  p Code:  VOLUNTEER OPPORTI	it Card (Visa, Mastercard, and Discover)
PAYMENT  Please Charge My Credi  ype of Card:  xpiration Date:  p Code:  VOLUNTEER OPPORTO  am interested in volun	it Card (Visa, Mastercard, and Discover)