

# LIBRARY FRIEND REGISTRATION

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## Membership Information

Library Name \_\_\_\_\_

Library Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Payment

Check payable to the Montclair Art Museum

Charge my credit card in the amount of \$ \_\_\_\_\_

Visa

Mastercard

AMEX

Discover

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

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

Signature \_\_\_\_\_

# MAM

Montclair Art Museum  
3 South Mountain Ave. Montclair, NJ 07042  
973-746-5555 / [montclairartmuseum.org](http://montclairartmuseum.org)