



Join the Printmakers of Cape Cod

MEMBERSHIP APPLICATION

NEW___ RENEWAL___

Name: _____

Address: _____

City/Town: _____

State/Zip: _____

E-Mail: _____

Telephone: _____

Optional Scholarship Donation: \$ _____

Membership: \$35.00, Students: \$20 (ID required)

Please send membership form and check to

Printmakers of Cape Cod
c/o Cecilia Rossey, Treasurer
P.O.Box 1352, West Dennis, MA.02670
email: cisrossey@aol.com