



Join the Printmakers of Cape Cod

MEMBERSHIP APPLICATION

NEW ___ RENEWAL ___

Name: _____

Address: _____

City/Town: _____

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Telephone: _____

Optional Scholarship Donation: \$ _____

Membership: \$30.00, Students, \$20(ID required)

Please send membership form and check to

Printmakers of Cape Cod
c/o Elizabeth Hogan, Treasurer
175 Woodstock Dr., Brewster, MA 02631