



1400 N American St  
Suite 103  
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www.philaphotoarts.org

## MEMBERSHIP FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### *Membership Category*

- New Member
- Renewal

### *Membership Level*

- Enhanced Lab Membership (\$250)
- Lab Membership (\$125)
- Family Membership (\$75)
- General Membership (\$50)
- Student Membership (\$25)

### *Payment*

Amount Enclosed \$ \_\_\_\_\_

- Check     Visa     MasterCard     American Express

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

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

*Please make checks payable to: Philadelphia Photo Arts Center.*