



## MEMBERSHIP APPLICATION

### Member Information:

New  Renewal  Gift

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Corporate Name \_\_\_\_\_

Address  
\_\_\_\_\_

Address (where you would like to receive mail)  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

How did you learn about The Enrico Caruso Museum of America?  
\_\_\_\_\_

### HOW TO JOIN

#### To Pay by Check:

#### Make Check Payable to :

The Enrico Caruso Museum of America, 1942  
19<sup>th</sup> Street, Brooklyn, NY 11229

All applications are subject to approval. The Enrico Caruso Museum of America reserves the right to revoke membership at its sole discretion at any time.

#### To Pay by Credit Card:

*Please charge my:*

Amex  Visa  MasterCard  Discover

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Please e-mail ([amancusi@enicocarusomuseum.com](mailto:amancusi@enicocarusomuseum.com)) or fax (718)-368-3993 Membership Application back to The Enrico Caruso Museum of America for processing.