

MEMBERSHIP APPLICATION FORM



Date: _____

MEMBER'S NAME(S): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

MEMBER'S CHILDREN (if Family or Patron membership):

NAME: _____ AGE: ____ SCHOOL: _____

NAME: _____ AGE: ____ SCHOOL: _____

Would your children's school(s) be interested in our school-based architecture education program, Learning By Design: NY? School Contact information(if known): _____

MEMBERSHIP LEVEL (please circle one):

Individual : \$50

Family: \$75

Patron: \$150

PAYMENT INFORMATION:

AmEx

MasterCard

Visa

Discover

Credit Card Number _____

Security Code (Visa/Mastercard) _____ Expiration Date _____

Card Holder Name _____ Signature _____

PHOTO RELEASE AND CONSENT:

I give permission to the Center for Architecture Foundation to take photographs of my child while he/she is engaging in architecture education workshops. I also grant the right to edit, use and re-use said products for any and all educational, public service or not-for-profit purposes selected by the Center for Architecture Foundation.

I release any and all rights, titles and interest my child or I may have in said photographs, movies, video tapes, web-site productions, finished pictures, reproductions, copies or negatives of the same in connection with such uses. Photocopies and facsimiles of this Release and Consent shall have the same legal effect as the original.

Signature of Parent or Guardian

Date