



Join the Printmakers of Cape Cod

MEMBERSHIP APPLICATION

NEW___ RENEWAL___

Name:_____

Address:_____

City/Town:_____

State/Zip:_____

E-Mail:_____

Telephone:_____

Optional Scholarship Donation: \$_____

Membership: \$45.00, Students: \$25 (ID required)

Please send membership form and check to

Printmakers of Cape Cod
c/o Linda Bodin, Treasurer
800 Orleans Rd. Harwich MA 02645