



MEMBERSHIP FORM

New Member ☐

Renewal ☐

CONTACT INFORMATION *(please provide all requested information)*

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

PHONE NUMBER _____

BUSINESS NAME *(if applicable)* _____

ANNUAL MEMBERSHIP LEVEL

Select one: **BASIC \$35** ☐ **ENHANCED \$65** ☐ **PATRON \$105** ☐

Return this form with your check for the desired membership level to:

MSoP

PO Box 9012

Collingswood, NJ 08018

Payments by credit card can be made at <http://mosaicsocietyofphiladelphia.wellattended.com>

Tell us about your interests! Do you have suggestions about a particular artist, technique, or workshop topic for us?

Would you like to learn more about opportunities to be more involved in MSOP? (circle one)

PLEASE CONTACT ME

NOT AT THIS TIME