

Arkell Museum Workshop Registration Form

Your Name _____

Your E-mail Address _____

Your Phone number: _____

Your Mailing Address: _____

Select workshop(s) and fee level

- February 27th *Felted Scarf* workshop museum member **\$24.25**
- February 27th *Felted Scarf* workshop non-member **\$28.50**
- March 13th and 20th *Painted floor cloth* museum member **\$27.00**
- March 13th and 20th *Painted floor cloth* non-member **\$33.00**
- Special Arkell Member Rate for both workshops **\$45.00** (non-refundable after Feb. 20th)

I would also like to purchase membership at the following level

- Basic Individual \$40
- Basic Dual \$70
- Basic Family \$85
- Associate \$100
- Sustaining \$225

For more membership levels and information on the benefits of membership visit <http://www.arkellmuseum.org/membership>

Select method of payment:

- Enclosed is a check for _____
- Please charge my credit card for _____

Card number _____

Expiration date _____ Security code _____

Name as it appears on card _____

Signature _____

Mail this form with payment to

Workshops Arkell Museum
2 Erie Boulevard
Canajoharie, NY 13317

You can also pay online—select the “Buy Now” button and write in the name and date(s) of the workshop in the memo as you pay. <http://www.arkellmuseum.org/museum-activities>