Photographic Resource Center

INSTITUTIONAL MEMBERSHIP FORM

_____
Name and Title of Primary Contact

_____
School

_____
Address 1

_____
Address 2

_____
City State Zip

_____
Phone

_____
Email

_____
Number of Students

Membership Fee (check one)

❑ $600 – schools within 40 miles of Boston
❑ $400 – schools more than 40 miles from Boston

Payment method (check one)

❑ Please send me an invoice
❑ Check enclosed, payable to the Photographic Resource Center
❑ Credit Card (Visa, MasterCard, Discover):

_____
Credit Card # Expiration Date

_____
Signature CCV Code

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