

MAD MEMBERS' DAY TRIP
Friday, July 10, 2015
HAMPTONS

☐ I am a MAD Member: \$230

☐ I am NOT a MAD Member: \$255

Name: _____

Second Name (if applicable): _____

Address: _____

Home# _____ Cell# _____

E-mail: _____

Please select a level of membership if you would like to join:

☐ \$50 Out-of-town

☐ \$125 Family

☐ \$75 Individual

☐ \$250 Contributing

☐ \$100 Dual

☐ \$500 Supporting

☐ Enclosed is my check in the amount of \$_____ Payable to Museum of Arts and Design

☐ I authorize a charge of \$_____ to my **Visa / MC / Amex / Discover** (circle one)

Credit Card No.: _____ Exp. Date: _____

Security Code: _____ Signature: _____

Payments and Registration Requirements

A completed reservation form and **full trip payment are required by July 1, 2015** to reserve the trip. After that date, 100% of the cost is not refundable. If the trip does not reach the minimum participation requirements, the Museum of Arts and Design reserves the right to cancel the trip, and a full refund will be made to those registered at that time.

Please *mail, fax or email* this completed form to:

Members' Day Trip

Museum of Arts and Design

2 Columbus Circle, New York, NY 10019 Fax: 212-299-7701

Should you have questions, please contact Sara Yashpan

212.299.7758 or email patrons@madmuseum.org



museum of arts and design