

MEMBER GET A MEMBER PROGRAM (Annual Membership fee \$50)

Dear Friend,

Today's Date: _____

I support MMAS because of its mission of quality educational art programs and theatrical productions. I believe the arts greatly enhance our community and that they need our support. Please join me and become a member and help this fine non-profit organization to grow and sustain its arts programs.

(Referring Member name: _____)

New Member's name: _____

Address: _____ Town: _____ zip: _____

Phone Number: _____ email: _____

New member, please mail this form with payment (\$50, payable to MMAS) to

MMAS, P.O. Box 1283, Mansfield, MA 02048,

or call us weekdays between 10 AM and 3:30 PM at 508-339-2822. To pay by credit card, call us or include credit card information below.

Name on Card. _____ Card Type _____

Card # _____ Card Expiration (mm/yy) _____