



Membership Application - Cooperative Gallery 213

Name: _____

E-mail: _____

Address: _____

Phone: _____

Membership Fee => \$30.00 per year paid by:

_____ Check payable to Cooperative Gallery 213

~ or ~

_____ Charge my credit card: _____ Visa _____ MasterCard

Credit Card # _____ Expiration Date: _____

Signature: _____ Date: _____

Mail to:
Cooperative Gallery 213
ATTN: Membership Coordinator
213 State St
Binghamton, NY 13901