



MEMBERSHIP APPLICATION

Member Information:

New Renewal Gift

First Name _____

Last Name _____

Date of Birth _____

Corporate Name _____

Address

Address (where you would like to receive mail)

City _____ State _____

Zip Code _____ Home _____

Work _____ Cell _____

E-mail _____

How did you learn about The Enrico Caruso Museum of America?

HOW TO JOIN

To Pay by Check:

Make Check Payable to :

The Enrico Caruso Museum of America, 1942
19th Street, Brooklyn, NY 11229

All applications are subject to approval. The Enrico Caruso Museum of America reserves the right to revoke membership at its sole discretion at any time.

To Pay by Credit Card:

Please charge my:

Amex Visa MasterCard Discover

Name on Card: _____

Credit Card Number: _____

Sec. Code: _____ Expiration Date: ____/____

Signature: _____

Please e-mail (amancusi@enicocarusomuseum.com) or fax (718)-368-3993 Membership Application back to The Enrico Caruso Museum of America for processing.