

Art Dreco Institute Membership Application

We are delighted that you have decided to join The Art Dreco Institute and/or give a Membership as a gift!

Please print this form, fill it out, and mail it along with a check or money order for \$25/membership to:

The Art Dreco Institute
PMB 131
2570 Ocean Ave.
San Francisco, CA 94132

Please check the appropriate box. If purchasing more than one Membership, please indicate how many #:

New Member (#_____) Gift Membership (#_____)

Please provide the following information:

First Name _____ Middle Name _____

Last Name _____

Street Address _____

City _____

State/Territory/Province _____ Zip/Postal Code _____

Country _____

Email Address _____

Telephone Number _____

1st Gift Recipient

First Name _____ Middle Name _____

Last Name _____

Street Address _____

City _____

State/Territory/Province _____ Zip/Postal Code _____

Country _____

Email Address _____

Telephone Number _____

Art Dreco Institute Membership Application

Message to Gift Recipient:

2nd Gift Recipient

First Name_____ Middle Name_____

Last Name_____

Street Address_____

City_____

State/Territory/Province_____ Zip/Postal Code_____

Country_____

Email Address_____

Telephone Number_____

Message to Gift Recipient:

3rd Gift Recipient

First Name_____ Middle Name_____

Last Name_____

Street Address_____

City_____

State/Territory/Province_____ Zip/Postal Code_____

Country_____

Email Address_____

Telephone Number_____

Message to Gift Recipient: