



Please enroll me in the Beatrix Farrand Society
Annual Dues

- Individual Membership.....\$ 35
- Family/Household Membership.....\$ 50
- Organization.....\$ 100
- Sponsor-Individual/Business.....\$ 250
- Patron – Individual/Business.....\$ 500
- Plus this tax deductible gift to the Society.....\$_____

- Enclosed is my check for \$_____
- Charge my Visa or MasterCard for \$_____

Credit Card # _____ Exp. Date _____ / _____
Month Year

Name _____ Signature _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Please make checks payable to The Beatrix Farrand Society, P.O. Box III, Mount Desert, ME 04660
The Beatrix Farrand Society is a 501(c)3 organization. Email: info@beatrxfarrandsociety.org

Thank You!