



OHIO CRAFT MUSEUM

OPERATED BY OHIO DESIGNER CRAFTSMEN

Patron Membership Application

Name: _____

Joint/ Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Patron Membership Categories (please circle your choice)

	<u>1 year</u>
Individual	\$25.00
Family	\$30.00
NARM (North American Reciprocal Membership)	\$100.00

Additional contribution to support the Ohio Craft Museum \$ _____

Payment

Please return to: ODC/membership, 1665 West Fifth Avenue, Columbus, Ohio 43212.

(If paying by check or money order, please make payable to ODC)

Check or money order enclosed _____ Credit Card _____

_____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card# _____ - _____ - _____

Expiration Date _____ CVV _____

Signature: _____

Billing address: _____