



# THE HYDE COLLECTION

## LIBRARY MUSEUM PASS PROGRAM ENROLLMENT FORM

Library Name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Annual fee \$100.00**

**Includes two Museum Passes that entitle the cardholder and family (two adults/children under age 18) to free admission to The Hyde Collection.**

### Payment Information:

Check payable to **The Hyde Collection**

Please charge the following credit card:   ◇ Visa           ◇ MasterCard           ◇ AmEx

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Signature: \_\_\_\_\_

You are responsible for establishing the terms for loaning out the Museum Pass to your patrons. For our information, please describe what those terms will be:

\_\_\_\_\_  
\_\_\_\_\_

**Please mail completed form with payment to:**

**Membership  
The Hyde Collection  
161 Warren Street  
Glens Falls, New York 12801**

Questions? Please call the membership/development office at 518-792-1761, ext. 346. THANK YOU!