



The Franklin Print Gift Membership Application Form

Please fax this completed form to the Membership Department at 215.448.1235 or mail it to: The Franklin - Membership
222 North 20th Street
Philadelphia, PA 19103-1194

Date _____

New _____ Renewal _____ If renewal, ID# _____

A Gift For:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Please choose one of the following memberships:

Basic Memberships:

- _____ Student: \$25
- _____ Individual: \$40
- _____ Family: \$85

Memberships with added benefits:

- _____ FamilyMAX : \$135
- _____ Premier: \$175

Mail Membership to: Donor _____ Recipient _____

Personal Message:

A Gift From:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____

Payment:

By Mail: Check payable to "The Franklin" or Debit/ Credit card
Fax: Debit/ Credit card

Credit Card Type: (circle) Visa | Mastercard | Amex | Discover
Account Number: _____



Expiration Date: _____
Signature on Card: _____