



**ROERICH FOUNDATION
FOR THE BLIND AND PHYSICALLY HANDICAPPED
APPLICATION FOR MEMBERSHIP**

Kindly enroll my name as a.....Member of
ROERICH FOUNDATION FOR THE BLIND AND PHYSICALLY HANDICAPPED
for which I enclose a check,.....

NAME

ADDRESS

Annual Members: Annually \$2.00

Associate Members: Annually \$1.00

Affiliated Organizations: Annually \$5.00

**All Checks should be drawn to ROERICH FOUNDATION FOR THE
BLIND AND PHYSICALLY HANDICAPPED and addressed to the Treasurer,
Mrs. Beth Levin Siegel, Roerich Museum, 310 Riverside Drive, New York City.**



THE ARCHIVE OF
**NICHOLAS
ROERICH
MUSEUM**