

NEW MEMBERSHIP APPLICATION

Please PRINT and COMPLETE all information

tePhone:		Cell:	
Name:	E-Mail		
Address:		Partner's Name	
City		StateZip_	
Circle the appropriate memb	ership		
Membership Level	January – June Pricing	July – October Pricing	Nov. & Dec. Pricing Includes the following year
Student	\$30	\$15	\$30
Friend of the Art Guild	\$50	\$25	\$50
Star Patron Individual Volunteer	\$100	\$50	\$100
Star Patron Family Volunteer	\$150	\$75	\$150
Star Patron Individual NON-Volunteer	\$200	\$100	\$200
Star Patron Family NON-Volunteer	\$250	\$125	\$250
Champion of the Arts Center	\$1000	\$1000	\$1000
Lifetime	\$10,000		
All new members must attend are available on the Arts Center the orientation. Family Members comple	website: www.plateauarts.o i	rgThe Membership Committe	
Date Cell: Cell:			
Name:	E-Mail		
Address:	Partner's Name		
City		State	_ Zip
Member #1	Member #2		
DATE Payment Recd	Amount Recd by		
Payment Type: Check No	Credit	: Card Cash	