



MEMBERSHIP RENEWAL APPLICATION

Please PRINT and COMPLETE all information

Member # _____ ☐ No Changes/Use last years information ☐ Information Changed / See below

Date _____ Phone: _____ Cell: _____

Name: _____ E-Mail _____

Address: _____ Partner's Name _____

City _____ State _____ Zip _____

Circle the appropriate membership

Membership Level	
Student	\$30
Friend of the Art Guild	\$50
Star Patron Individual Volunteer	\$100
Star Patron Family Volunteer	\$150
Star Patron Individual NON-Volunteer	\$200
Star Patron Family NON-Volunteer	\$250
Champion of the Arts Center	\$1000

**2025 Renewal
Receive a 10% Discount
if you renew by Dec. 15th, 2024**

Family Members complete below for second member

Member # _____ ☐ No Changes/Use last years information ☐ Information Changed / See below

Date _____ Phone: _____ Cell: _____

Name: _____ E-Mail _____

Address: _____ Partner's Name _____

City _____ State _____ Zip _____

DATE Payment Recd _____ Amount _____ Recd by _____

Payment Type: Check No. _____ Credit Card _____ Cash _____