

NEW MEMBERSHIP APPLICATION

Please PRINT and COMPLETE all the information.

Date ______ Phone: _____ Cell: _____

Name:	E-Mail	
Address:	Partner's Name	
City	State	Zip
Circle the appropriate member	rship	
Membership Level	January – October Pricing	November & December Pricing Includes the following year
Student	\$30	\$30
Friend of the Art Guild	\$50	\$50
Star Patron Individual Volunteer	\$100	\$100
Star Patron Family Volunteer	\$150	\$150
Star Patron Individual NON-Volunteer	\$200	\$200
Star Patron Family NON-Volunteer	\$250	\$250
Champion of the Arts Center	\$1000	\$1000
Lifetime	\$10,000	
the orientation. Family Members complete	e below for second member	
DatePhor	ne:	Cell:
Name:	E-Mail	
Address:	Partner's Name	
City	State	Zip
Member #1		
DATE Payment Recd	Amount	Recd by
Payment Type: Check No	Credit Card	Cash