



MEMBERSHIP APPLICATION

First Name: _____

Last Name: _____

Email Address: _____

Phone: _____

Mailing Address

Address _____

City _____ ZIP Code _____

Yearly Membership Dues

____ Individual \$45

____ Senior or Student \$30

____ Patron \$100

____ Arts Enthusiast \$250

____ Add 3% to my total amount to help cover the payment processing fees.

Date:

____ One Year _____

____ Other _____

*I would Like Information on donation and sponsorship.

Print Name: _____

Signature: _____ Date: _____