



GENERAL MEMBERSHIP FORM

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|---|-----------|----------------------------------|
| <input type="checkbox"/> Single Adult | \$35/year | <input type="checkbox"/> NEW |
| <input type="checkbox"/> Family | \$50/year | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> Youth (17 & Under) | \$5/year | |
| | | <input type="checkbox"/> CASH |
| | | <input type="checkbox"/> CHECK |

If you are renewing and no changes have occurred, only your name, signature, and the date are required.

Member First Name _____	Last Name _____
Additional Member _____	Last Name _____
Street _____	
City/State/Zip _____	
Phone Home _____	Cell _____
Email (Required) _____	

Please Note: All correspondence with our members is via email. Your address will not be shared outside the organization.

Are you an Artist? YES NO

If so, what is your medium? _____

Are you interested in volunteering **In the gallery?**
For special events?

Signature _____ **Date** / / _____

Form with payment attached can be turned in at the gallery or mailed to the address shown above -- if mailing, please write Attn: MEMBERSHIP on the envelope.

Gallery staff: Put completed Membership Forms with cash or check attached in the file labeled MEMBERSHIP. Use receipts in the Membership file ONLY. Do NOT use 3-part sales receipts.