



MEMBERSHIP APPLICATION

First Name: _____

Last Name: _____

Email Address: _____

Phone: _____

Mailing Address

Address: _____

City: _____ ZIP _____

Yearly Membership Dues

Individual \$45 Senior or Student \$30 Patron \$100

Arts Enthusiast \$250 Corporate \$500

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

Date:

One Year _____

Other _____

*I would like information on donating, volunteering, and sponsorships.

Print Name: _____

Signature: _____ Date: _____