## MEMBERSHIP



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EVEL:		AMOUNT:	\$	DATE:	
PRIMARY CONTACT:  IAME:  MAIL:  ELL PHONE:  MAILING ADDRESS:		SPOUSE NEMAIL: CELL PHO HOUSEHOL NAME: NAME:	NE: D DEPENDEN		AGE:
AREAS OF INTERESTS:  Open Mic Night Pottery Painting Kid's Programming Community Events	Ceramics Fiber Arts / Textiles Oils/ Acrylics/ Watercolor Photography Mixed Media Other	WA	NT TO PAY WIT AT 336.667.2	:CHI TH A CARD? PLEASE CALL 841 OR STOP BY TO PAY I	THE GALLERY IN PERSON

## ADDITIONAL WAYS TO SUPPORT THE ARTS IN OUR COMMUNITY

In addition to my Annual Membersh	ip, I would like to Sponsor:
OPEN MIC NIGHT: \$ (MINIMUM OF \$25)  SUMMER ART CAMP STUDENT: \$ (MINIMUM OF \$25)  RECOVERY CLAY CLASS: \$ (MINIMUM OF \$25)	YOU MAY INCLUDE YOUR ADDITIONAL CONTRIBUTION IN YOUR MEMBERSHIP PAYMENT.  THANK YOU!
NAME FOR SPONSORSHIP RECOGNITION:	

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