

MEMBERSHIP INFORMATION



LEVEL:

\$

DATE:

NAME (PRIMARY):

NAME (SPOUSE):

EMAIL:

EMAIL:

CELL PHONE:

CELL PHONE:

MAILING ADDRESS :

CHILDREN:

NAME:	AGE:
NAME:	AGE:
NAME:	AGE:

YOUR INTERESTS:

<input type="checkbox"/> Gift Shop Volunteer	<input type="checkbox"/> Ceramics
<input type="checkbox"/> Exhibition Prep Volunteer	<input type="checkbox"/> Fiber Arts
<input type="checkbox"/> Office Tasks Volunteer	<input type="checkbox"/> Oils/Acrylics/Watercolor
<input type="checkbox"/> Teaching _____	<input type="checkbox"/> Photography
<input type="checkbox"/> Kids' Programming	<input type="checkbox"/> Mixed Media
	<input type="checkbox"/> Other _____

PAYMENT Check #:

Credit Card #:

CVV: EXPIRATION:

Are you a first time member? Y or N

Staff only: _____



ADDITIONAL WAYS TO SUPPORT THE ARTS IN OUR COMMUNITY

*In addition to my Annual Membership,
I would like to Sponsor a Free Community event at WAG:*

- \$100 OPEN MIC NIGHT
- \$100 KIDS' ART DAY
- \$100 ARTIST-LED WORKSHOP

YOU MAY INCLUDE YOUR ADDITIONAL
CONTRIBUTION IN YOUR MEMBERSHIP PAYMENT.
THANK YOU!

NAME FOR SPONSORSHIP RECOGNITION: _____

I would like to Sponsor a Membership for:

NAME:

LEVEL:

\$

EMAIL:

MAILING ADDRESS :

CELL PHONE: