



membership form

Name:

Address:

Postal Code:

Telephone:

Email:

Fax:

Membership Types:

- \$25 Individual > Artist > Student > Friend
- \$65 Arts Organization
- \$150 Patron

Number:

Payment Method:

- Cheque
- Visa
- Amex

Expiry Date:

Signature: _____

**Print this form
from your
browser and bring
it to us in person
or mail it in**