



Art Alliance of Central PA

Membership Form

Date _____

Name(s) _____

Address _____

Telephone _____ E-mail _____@_____

Areas of Interest:

- Drawing
- Painting
- Photography
- Pottery
- Sculpture
- Teaching
- Supporting the arts
- Other _____

Offer to help with:

- Exhibits & sales
- Receptions
- Education
- Maintenance
- Newsletter
- Marketing/publicity
- Office/computer work
- Membership
- Fundraising

Individual \$50

Family \$75

Student \$25

Donor \$100

Corporate \$150+

Method of Payment:

Check No. _____ payable to *Art Alliance*

or

Visa/MC No. _____

Exp. (Mo/Yr) ____/____ 3 digit code _____

Cardholder Signature _____

Please mail to: Art Alliance of Central PA, P.O. Box 811, Lemont PA 16851