WICKENBURG ART CLUB

Membership Application

NAME _____
Last First

PHONE _____ CELL PHONE_____

ADDRESS_____

CITY _____ STATE _____ZIP _____

EMAIL_____
( ) I would like to receive newsletters via email.

ART MEDIA (List each media in which you work.)
_____

VOLUNTEERS. Years of hard work by our members have made the Art Club what it is today. Please let us know in what areas you may like to participate. Areas might be program planning, accounting, event sitting, refreshments, editing, building or yard maintenance, youth education, publicity, photography, computers, demonstrating art, setting up displays, preparing exhibits, record keeping or other skill you may possess.

I am interested in volunteering to:

_____

ANNUAL MEMBERSHIP
(Adult $20, Student $5) _____

TAX-DEDUCTIBLE DONATION _____

TOTAL ENCLOSED **$** _____

Return form and check payable to WAC to:

Wickenburg Art Club
Attn: Membership Chairperson
PO Box 1737
Wickenburg AZ 85358

Revised 5-2013