

NAME

DATE

STREET ADDRESS

CITY

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

**Areas of interest:**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Drawing     | <input type="checkbox"/> Pottery             |
| <input type="checkbox"/> Painting    | <input type="checkbox"/> Teaching            |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Supporting the arts |
| <input type="checkbox"/> Sculpture   | <input type="checkbox"/> Other               |
- \_\_\_\_\_

**Offer to help with:**

- |   |   |
|---|---|
| <input type="checkbox"/> Exhibits & sales | <input type="checkbox"/> Marketing/publicity  |
| <input type="checkbox"/> Receptions       | <input type="checkbox"/> Office/computer work |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Membership           |
| <input type="checkbox"/> Maintenance      | <input type="checkbox"/> Fundraising          |
| <input type="checkbox"/> Newsletter       | <input type="checkbox"/> Other                |
- \_\_\_\_\_

**Membership level:**

- Individual \$50     Family \$75     Donor \$100     Student\* \$25     Corporate \$150+

*\* students must be high school or college students with a valid student ID, please photocopy and submit with form*

**Method of payment:**

Check # \_\_\_\_\_ payable to: Art Alliance

VISA / MC / DISCOVER

CARD #

EXP. DATE (MM/YYYY)

3 DIGIT CODE

CARDHOLDER SIGNATURE

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