

CARNEGIE ART CENTER MEMBERSHIP

Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Area Code/Phone _____

Email _____

Names of children: _____

_____ Yes, I would like to receive updates, special offers, invitations and announcements by email.

MEMBERSHIP LEVEL

___ Student / ___ Senior	\$20.00 / year	___ Patron	\$85.00 / year
___ Artist / ___ Individual	\$30.00 / year	___ Benefactor	\$125.00 / year
___ Family	\$35.00 / year	___ Sustaining Member	\$1000.00

LET US KNOW WHAT YOUR INTERESTS ARE (check all that apply):

___ Gallery Exhibitions	___ Visual Arts Classes for Children
___ Visual/Media Arts Classes for Adults	___ Dance Programs for Children
___ Professional Development Seminars	___ Summer Programs for Children

Other _____

VOLUNTEER OPPORTUNITIES

___ Check here if you are interested in being contacted about volunteer opportunities. We have a wide variety of roles for all levels of interest and skills.

METHOD OF PAYMENT

___ Check is enclosed made payable to Carnegie Art Center ___ MasterCard ___ Visa ___ Discover

Name as it appears on card: _____

Card #: _____ Expiration date: ____/____

Signature: _____

Return completed form with payment to: Carnegie Art Center, 240 Goundry Street, North Tonawanda, NY 14120

FOR OFFICE USE ONLY:

___ New	___ Amount Paid	___ Date Card Sent	___ Input Date
___ Renewal	___ Date Paid	___ Expiration Date	___ Receipt Number