



ARTSWorcester

Membership Form

Date _____.

Name _____.

Address _____.

City: _____ State _____ Zip Code: _____.

E-mail: _____ Website: _____.

Phone: _____ Cell: _____.

Members: ___ \$20 Student ___ \$35 Artist ___ \$60 Dual Artists ___ \$100 Friend
 ___ \$250 Patron ___ \$500 Sponsor ___ \$1,000 Benefactor

___ New Membership ___ Renewal

___ Additional Contribution (ARTSWorcester is a 501(c)(3) non-profit organization)

___ Total Enclosed

- **My check for \$** _____ (payable to ARTSWorcester) is enclosed.
- **Please charge \$** _____ to my:
 - Visa
 - MasterCard
 - American Express
 - Debit
 - Credit

Card number _____ Expiration Date: _____

Name (as it appears on the card) _____

Signature _____

Additional Information:

I am a: ___ visual ___ performing ___ literary artist; ___ arts administrator
 ___ arts educator ___ arts supporter. My area of interest is _____.

I am interested in being an ARTSWorcester volunteer: ___ Street Festivals
 ___ Gallery Sitting ___ Membership ___ Office ___ Arts Advocacy ___ Visual Arts

Please return this form with your payment to:

ARTSWorcester
 660 Main Street, Worcester, MA 01610
 508-755-5142 • info@artsworcester.org • www.artsworcester.org