

ALLEGAN AREA ARTS COUNCIL MEMBERSHIP FORM

Print this page and mail completed form to: AAAC, PO Box 38, Allegan, MI 49010.

Please make your check payable to Allegan Area Arts Council or AAAC.

Questions regarding the AAAC and/or this form should be directed to info@alleganarts.com.

Name (print) _____

Address _____

Phone Number _____ **Alternate Phone Number** _____

Email _____

Supplying an email subscribes you to AAAC e-news messages regarding area arts events.

___ **Individual** membership at \$25 ___ **Family** membership at \$40

Do any of the following interest you?

___ Events for Children ___ Festivals with Music ___ Ceramics ___ Woodworking

___ Painting Classes ___ Weaving ___ Musical Instrument ___ Vocal Classes

___ Writing Group ___ Theatre ___ Lecture Series ___ Pottery

___ Photography Other _____

Would you like your own 'Member Artist' page on the AAAC website? ___ Yes ___ No

May we phone or email to ask you to volunteer at a Council event? ___ Yes ___ No

FOR OFFICE USE ONLY	
Paid with check # _____	Paid with cash received by _____

Total amount _____	Date payment processed _____
