

## YORK ART ASSOCIATION

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## MEMBERSHIP APPLICATION

NAME:	PHONE:					
MAILING ADDRESS:	CELL PHONE:					
CITY, STATE, ZIP:	WEBSITE:					
MEDIUM	E-MAIL:					
MEMBERSHIP LEVEL (FEE):	Student (\$10)	] Individual (\$40)	Family (\$70)	)	Benefactor (\$500)	
MEMBERSHIP YEAR RUNS JANUARY 1ST THROUGH DECEMBER 31ST						
VOLUNTEERS ARE VITAL TO OUR ORGANIZATION. PLEASE INDICATE YOUR AREA(S) OF INTEREST:						
☐ EDUCATION & PROGRAMMING ☐ LEADERSHIP (BOARD OF DIRECTORS) ☐ TEACHING CLASSES OR WORKSHOPS						
☐ FUNDRAISING & DEVELOPMENT ☐ NEWSLETTER ☐ VOLUNTEER COORDINATING						
☐ HOSPITALITY ☐ SHOWS & EXHIBITS ☐ BUILDING & GROUNDS						
Method of Payment:						
☐ Cash ☐ Check (payable to York	Art Association) Uisa	or Mastercard #		Exp. Date	Security Code:	
Annual Membership Fee: \$						
					Donation (optional): \$	
					Total: \$	
SIGNATURE:			DATE:			