



MEMBERSHIP APPLICATION:

NAME _____

LOCAL ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

SUMMER ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

TYPE OF MEMBERSHIP:

Individual ___\$60 - Couple ___\$75 - Family ___\$100 - Corporate ___\$250
Annual) Donor ___\$300 - (Annual) Benefactor ___\$500
(Annual) Angel ___\$1,000 - (Lifetime) Angel ___\$2,000

PAYMENT METHOD:

Cash _____ Check _____ Visa _____ MasterCard _____

Credit Card Account Number _____

Expiration Date _____ Signature _____

Please complete this form and send with your remittance to:

Venice Art Center
390 Nokomis Avenue South
Venice, FL 34285