



MEMBERSHIP APPLICATION

General Members

- ___ **Individual** / \$36
- ___ **Family** / \$48 (2 adults + children)
- ___ **Sponsor** / \$100
- ___ **Patron** / \$200
- ___ **Advocate** / \$500
- ___ **Benefactor** / \$1000 & above

Artist Members

- ___ **Individual Artist** / \$48 (**work in** the sales gallery)
- ___ **Individual Artist** / \$36 (**no work** in the sales gallery; but receives discounts on art events and classes when offered)

_____ **Specify medium used**

(Please PRINT and fill in completely)

Name _____

Address _____

City _____ State _____ Zip code _____

Phone () _____ Cell () _____

* Email _____ Membership RENEWAL _____ NEW _____

I would like to contribute to the Historic Preservation Fund in the amount of: \$ _____

I am interested in volunteering: YES, please contact me _____ NO, not at this time _____

TOTAL Amount Enclosed \$ _____

SELECT THE PAYMENT OPTION:

- Check Enclosed, payable to: CCAG**
- Credit Card** ___MC ___ Visa ___ AMEX ___ DISC

Account No. _____ Amount _____

Card Holder Name _____ Exp. Date _____

Signature _____ CVV # _____

FOR OFFICE USE ONLY: (Rev. Dec -2019)

	Date	Initials	Amount
Payment Received:	_____	_____	_____
Entered In Database:	_____	_____	
Thank You Card Sent:	_____	_____	