



Membership Application

PLEASE PRINT

DATE _____

NAME _____

ADDRESS _____

CITY/ZIP _____

PHONE #(HM) _____ (WK) _____ (CELL) _____

EMAIL ADDRESS _____

WEBSITE ADDRESS <http://> _____

What is your
Medium(s): _____

COMMITTEE INTERESTS:

- Communication Curatorship Development/Fundraising
 Events Finance Membership Nominating

Membership: \$20/year: _____

Additional Contribution: _____

Total: _____

Non-Profit EIN# 113820488

SIGNATURE _____

**Mail checks: Artworks: A Visual Arts Coalition, Inc.
P.O. Box 66
Bowling Green, KY 42102**

PD CASH _____

PD CHECK # _____

3/2008