

MEMBERSHIP FORM

If you are excited about the work we do, we invite you to join us by becoming a member and/or making a contribution. We would embrace your participation in this organization that contributes mightily to the culture, education, economic growth, and quality of life in our community.

Today's Date

Name

Organization (if applicable)

Address

Day Phone

Evening Phone

Email

Website

MEMBERSHIP

One-year memberships are (check one):

- \$10 Individual
- \$15 Family
- \$35 Organization or Business

ARTIST LISTING

Please list me on your website along with my (check all that apply):

- Address
- Phone
- Email
- Website
- Art Medium _____

VOLUNTEER

Please call on me to help with (check all that apply):

- Fundraising
- Computer Database
- Phone Work
- Special Events
- Socials
- Future Board Member
- Other _____

DONATIONS

I would like to provide additional support with a tax-deductible donation: \$ _____

Checks can be made payable to
Spring Green Area Arts Coalition
and mailed to:



SGAAC
PO Box 700
Spring Green, WI 53588

Thank You!
Thank you for your support.