

**WILLITS CENTER FOR THE ARTS  
MEMBERSHIP FORM**

**Please print your name as you wish to be listed on our membership list:**

Name: \_\_\_\_\_ Co-member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

Want to go paperless? Check here:  to receive your show announcements via email.

Website: \_\_\_\_\_

Are you an artist?  NO  YES Medium: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

**Please make your checks payable to WCA, P.O. Box 503, Willits, CA 95490**

**SUGGESTED DONATIONS:**

<b>Student</b>	<b>\$25</b>
<b>Senior</b>	<b>\$25</b>
<b>Individual</b>	<b>\$35</b>
<b>Family</b>	<b>\$50 (covers those living at same address)</b>
<b>Sponsor</b>	<b>over \$100</b>
<b>Patron</b>	<b>over \$500</b>
<b>Benefactor</b>	<b>over \$1000</b>

**\*\*\*\*All donations are deductible\*\*\*\***

**AREAS OF VOLUNTEER INTEREST:**

<b>Publicity</b>	<b>Activities</b>
<b>Renovation/Building</b>	<b>Newsletter</b>
<b>Fund Raising</b>	<b>Other _____</b>