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 our newsletter.

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:

☐	**Student**	**$30**
☐	**Senior**	**$30**
☐	**Level 1**	**$40**
☐	**Level 2**	**$100**
☐	**Level 3**	**$500**
☐	**Sponsor**	**$1000**
☐	**Patron**	**$2500**

******All donations are tax deductible******

AREAS OF VOLUNTEER INTEREST:

☐ **Gallery Host** ☐ **Activities**
☐ **Renovation/Building** ☐ **Teachers/Instructors**
☐ **Fund Raising** ☐ **Other** _____

Rev: July 2026