



Date _____

Allied Arts Association Member Application

**Membership runs from January 1st to December 31st.
New members signing up starting in October get three free bonus months.**

- I am a NEW MEMBER (not a member previous year)
 I am RENEWING my membership
 Student K-12 (\$5)
 Adult Individual (\$30)
 Family Membership (\$50)

Allied Arts encourages all who have Internet access to download their copy of our monthly newsletter from www.artistsofcambria.com. If you require a hard copy of the newsletter to be mailed to you, please check here

I would like to make an additional tax deductible donation to further contribute to our mission:

- Friend (\$25)
 Contributor (\$50)
 Supporter (\$100)
 Patron (\$250)
 Benefactor (\$500)

Name(s) _____

Please fill out contact information. If you are a renewing member and no contact info has changed, you may omit.

Mailing Address _____

E-mail: _____ Phone: (_____) _____

I would like to participate/am interested in:

GALLERY: Help on Take-in days Publicity Reception/Food Docent the Gallery

MEDIA: Oil/Acrylics Watercolor Drawing/pastels Mixed Media
 Photography Digital Art Sculpture Ceramics
 Jewelry Calligraphy Fiber Arts Other

THEATRE: Publicity Acting/Directing Musical Performances Backstage
 Set Design Box Office Reception/Food

EVENTS*: Art & Wine Festival 927 Show Youth Art Show Home Tour
 Hospitality Night/ Gift Shop

**More information on these events can be found on www.artistsofcambria.com*

ADMIN: Program Coordinator Director-at-Large Gallery Director Assistant
 Theatre Director Assistant Workshop Coordinator Handyman
 Computer skills Newsletter Website

Please Enclose:

- Membership form with fee: \$ _____
 Optional tax deductible contribution: \$ _____
TOTAL \$ _____

Application received by:

Mail with payment, or bring into Cambria Center for the Arts Gallery during open hours. Thank you!
Attn: Membership, Allied Arts Association, P.O. Box 184, Cambria, CA 93428-4436