

_____TODAYS Date



GATEWAY ARTS COUNCIL
Membership Level Application

Please Print -Thank You!

NAME _____

EMAIL ADDRESS _____

CELL PHONE # () _____ - _____ PHONE # 2 () _____ - _____

ADDRESS _____

Preferred Media _____

I am most interested in _____

Membership Level

Student [\$20] Individual Level \$40 Family Level \$50 Patron Level \$125

Gift: _____ In Honor Of _____

Email a pdf of your logo to: gatewayartscenter213@gmail.com

I am interested in teaching Adult/Children's Classes as a paid instructor.

Briefly describe your class/fees/materials

I would like to volunteer for:
Free Make and Take Projects
Summer Camp

Special Needs Programs
After-School Program
Event Planning/Hospitality

Children's Classes
Gallery Prep/Docent
Outreach/Sponsorship

I would consider a Board or Committee Position: _____
