



Membership Application and Renewal Form

JOIN+RENEW+GIVE+SUPPORT

Membership Year is January 1 – December 31.

New Member Renewal

Student: \$20 Individual: \$35 Family: \$50
Supporter: \$100 Patron: \$250 Collector: \$500

First Name: _____ Last Name: _____

Additional Name(s) Dual & Family Memberships: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____ Telephone: _____ - _____ - _____

Email _____ **Required to receive our monthly newsletter/announcements**

All information is used in-house and not shared

This membership is a gift for: First Name: _____ Last Name: _____

Make an additional Donation Gift in the Amount \$ _____

In support of: Children's Art Program General Needs In Honor of Someone Special
Endowment Fund Scholarship Fund Classes/Workshops

PBAA is a 501 (c) (3) non-profit organization, EIN#: 93-0752888

Tax receipt for donations available upon request

Please make checks payable to: Pelican Bay Arts Association or Pay On-Line at Manley Art Center.Com

Mail to: PO Box 2568, Brookings, OR 97415 Physical Address: Manley Art Center at 433 Oak Street, Brookings, OR 97415

Any Questions, Email: pbaart@frontier.com Phone: (541) 469-1807

Tell Us About Yourself:

Artist: Y / N If Yes, describe your work: _____

Do you exhibit and/or sell your work? Y / N Your Website address: _____

Reason for joining or renewing? _____

Comments or Suggestions: _____

We are excited that you have elected to become a member and share your time and talent. As a member run non-profit we rely on all adult members to volunteer in some way on a regular and on-going basis to ensure our center is open and flourishes. Please check the areas you have interest in participating.

- Gallery Host Monthly Opening Reception Host Website Class Instructor
- Board of Directors Maintenance Office Support Fundraising Workshops/Classes
- Membership Development Gallery Installation Public Relations/Marketing

Special Events:

- Azalea Festival Art Show Festival of Art in Stout Park Other Events or Projects

For Office Use Only: Payment date ____/____/____ Cash _____ Check # _____ Card # _____

Last 4 digits

- Added to membership list Added to newsletter list New member packet sent