



## 2017 Membership Form

**Florence Regional Arts Alliance memberships are on a calendar year basis. Memberships completed with this form will expire on December 31, 2017.**

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

( ) Yes! I would like to receive future newsletters and emails regarding upcoming events.

Your artistic interest(s) \_\_\_\_\_

I would like to: Volunteer\_\_\_\_; Teach Classes\_\_\_\_; Take Classes\_\_\_\_; Other: \_\_\_\_\_

### Annual Member Dues 2017

Individual \$55\_\_\_\_; Family \$70\_\_\_\_; Youth (Ages 6-18) \$10\_\_\_\_

### Sponsorship/Additional Donations

**I want to support the arts in Florence area! Please accept my tax-deductible donation\* in the amount of:** Silver Sponsor: \$100\_\_\_\_; Gold Sponsor: \$250\_\_\_\_; Platinum Sponsor: \$500\_\_\_\_ Other Donation Amount: \_\_\_\_\_

Please indicate the short (one line) name you would like the sponsorship recognition plaque to reflect (e.g. The Andrews, Stoneriver Wines, etc.):

**Payment Type: Check\_\_\_\_\_; Credit/Debit\_\_\_\_\_**

If paying with a card:

Card Number \_\_\_\_\_; Expiration Date(mm/yy)\_\_\_\_\_

CCV/Security Code \_\_\_\_\_; Card Type (Visa, MasterCard, Discover, Amex):\_\_\_\_\_

**Please make checks payable to: Florence Regional Arts Alliance**

**Mail to: P.O. Box 305, Florence, OR 97439**

\*Please discuss any donations/deductions with your tax advisor.

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**Please retain this section as your receipt.**

Florence Regional Arts Alliance Membership – Valid through December 31, 2017

Membership dues paid: \_\_\_\_\_

Tax-deductible donation/sponsorship made: \_\_\_\_\_

Total amount paid: \_\_\_\_\_

*Thank you for your support!*