

**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 your show announcements via email.

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
Individual	\$40
Family	\$50 (covers those living at same address)
Patron	over \$100
Benefactor	over \$500
Angel	over \$1000

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

AREAS OF VOLUNTEER INTEREST:

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