

MEMBERSHIP FORM

Joining or renewing is easy!

- Select a level of support
 - Cut out the form
 - Return it with your payment
- Send to:** The Lake Wales Arts Council, Inc. P.O. Box 608, Lake Wales, FL 33859-0608

Choose your Membership level

- | | |
|---|--|
| <input type="checkbox"/> \$5,000 Guardian Angel | <input type="checkbox"/> \$250 Patron |
| <input type="checkbox"/> \$2,000 Arts Angel | <input type="checkbox"/> \$100 Sustainer |
| <input type="checkbox"/> \$1,000 Benefactor | <input type="checkbox"/> \$60 Family |
| <input type="checkbox"/> \$500 Ambassador | <input type="checkbox"/> \$40 Individual |

Your information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Seasonal Address (if applicable)

Dates at this address: From _____ To _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Extra donation \$ _____

Total (Membership Dues + Donation) \$ _____

Pay by Credit Card

Visa MasterCard Discover American Express

Card number: _____ Expiration: _____

Signature of card holder: _____