



## Membership Form

Name (Individual/Family/Business, etc.):

Mailing Address: City:

State: Zip: Primary Phone(s):

Email: Website:

**Tell us about yourself:**

**Visual Arts:**

- Appreciator/ Enthusiast
- Teacher
- Practicing Artist
- Your Art Form \_\_\_\_\_

**Performing Arts:**

- Appreciator/ Enthusiast
- Teacher
- Practicing Artist
- Your Art Form \_\_\_\_\_

**Literary and Film Arts:**

- Appreciator/ Enthusiast
- Teacher
- Practicing Artist
- Your Art Form \_\_\_\_\_

**Indicate your interest and potential involvement in these activities or events  
(Check all that apply);**

- |  |                                     |                                      |  |
|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Teaching Workshops  | <input type="checkbox"/> Concerts   | <input type="checkbox"/> Readings    | <input type="checkbox"/> Volunteer Opportunities   |
| <input type="checkbox"/> Attending Workshops | <input type="checkbox"/> Networking | <input type="checkbox"/> Exhibitions | <input type="checkbox"/> Professional Development  |
| <input type="checkbox"/> Article Writing     |                                     |                                      | <input type="checkbox"/> Researching/Grant Writing |

**Yes! I would like to become a member and support the arts in Cedar City!**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Student (\$10)   | <input type="checkbox"/> Family (\$35)              | <input type="checkbox"/> Business/Corporation (\$75)<br>Includes 4 slots for paid programs.    |
| <input type="checkbox"/> Individual (\$25)  | <input type="checkbox"/> Additional Contribution \$ | <input type="checkbox"/> Non-Profit Organization (\$50)<br>Includes 4 slots for paid programs. |
| <input type="checkbox"/> You have my permission to use my name in Cedar City Arts Council publications. |   |  |

**Your membership is active for one full year from the month you join.**

**Please send your check or money order and this completed form to:**

Cedar City Arts Council, P.O. Box 2655, Cedar City, Utah 84721  
[www.cedarcityartscouncil.org](http://www.cedarcityartscouncil.org)

**Thank you for your support!**

<p><i>Official Use Only:</i></p> <p>Membership Received By: _____</p> <p>Notes:</p>	<p>Date Received: _____</p> <p>Active Through: _____</p> <p>Thank You Sent: _____</p> <p>Membership Card Sent: _____</p>
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