

Membership Registration

ARLINGTON
CENTER FOR THE



Name: _____

Address: _____

City/State/ZIP: _____

Phone : _____ Email: _____

Please check here to receive ACA's quarterly e-newsletter and announcements via email

Please select your membership level:

Senior (\$25) _____

Sustaining (\$100) _____

Individual (\$35) _____

Patron (\$250) _____

Family (\$50) _____

Benefactor (\$500) _____

Supporting (\$75) _____

YOUR INTERESTS

(please check all that apply to help us be sure you learn about programs of interest to you!)

Classes, Adult

Arlington Open Studios

Classes, Children

Shakespeare in the Park

School Vacation Arts Programs

Music & Theater Events

After School Arts for Children

Resources/Opportunities for Artists

Gallery Exhibits

Volunteering

PAYMENT INFORMATION

I am paying by check (payable to Arlington Center for the Arts)

I am paying by credit card: VISA Master Card

Card Number: _____ Exp Date: _____ 3-digit code: _____

Signature: _____