



MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

INDIVIDUAL MEMBERSHIP \$40

FAMILY MEMBERSHIP for 2 Adults \$70

SENIOR CITIZEN MEMBERSHIP (65+) \$35

Additional Family Member Name: _____

CHILDREN UNDER 18 FREE

This membership is tax deductible and will be valid for the entire 2018 calendar year

PLEASE ACCEPT MY ADDITIONAL TAX-DEDUCTIBLE 501(c)3 CONTRIBUTION. I AM ENCLOSING \$ _____

\$ _____ **TOTAL AMOUNT ENCLOSED**

VISA MASTERCARD DISCOVER CHECK: Please Make Payable to **Cuyahoga Valley Art Center**

CREDIT CARD # _____ EXPIRATION DATE: _____

SIGNATURE: _____

PLEASE RETURN THIS FORM TO CVAC IN PERSON OR BY MAIL TO: 2131 FRONT STREET CUYAHOGA FALLS, OH 44221

INTERNAL USE ONLY:

DATE RECEIVED: _____

CVAC REP INITIALS: _____

METHOD OF PAYMENT: _____

RECEIPT #: _____