

JAMESTOWN ARTS CENTER

P.O. Box 97
Jamestown, RI 02835
www.jamestownartcenter.org

MEMBERSHIP FORM

Name: _____

Street Address: _____

City, State & Zip: _____

Email Address: _____

Web Address: _____

Artistic Discipline: _____

If you are interested in becoming active in the areas of Mentorship, Internship, or Education, please indicate your area of interest or expertise: _____

MEMBERSHIP LEVELS

<input type="checkbox"/> Students and Seniors	\$20
<input type="checkbox"/> Individual	\$25
<input type="checkbox"/> Family	\$40
<input type="checkbox"/> Exhibitor	\$150
<input type="checkbox"/> Patron	\$250
<input type="checkbox"/> Other	_____

All members will receive a 10% discount on classes and JAC updates & newsletters. Exhibitors will additionally be included in our online gallery and will be included in exhibits in our permanent gallery space. Patrons will additionally receive 2 free tickets to one major event.

If you have made your payment via Paypal online, please list your transaction number here:

Please send this form with your check and mail to:

Jamestown Arts Center
Attn: Membership
P.O. Box 97
Jamestown, RI 02835