



JAMESTOWN ARTS CENTER
We believe art transforms lives.

P.O. Box 97
Jamestown, RI 02835

MEMBERSHIP FORM

Name: _____

Street Address, City, State and Zip: _____

Email Address: _____

Web Address (if you have a website): _____

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: _____

Please select one of the following:

- Junior Membership \$10
- Individual Membership \$20
- Family Membership \$25
- Donor \$100
- Patron Membership \$500
- Benefactor \$1000
- Other _____

If you have made a donation via Paypal online, please list your transaction number here: _____

Please send this form with your check and mail to:

Jamestown Arts Center
Attn: Membership Dept.
PO Box 97
Jamestown, RI 02835