



PLEASE JOIN US TODAY!

Help us promote and strengthen the creative capacity of our community by providing diverse opportunities for arts participation, understanding, and appreciation.

MEMBERSHIP FORM

_____ New member

_____ Renewing member

Name: _____

Street Address: _____

City and State: _____

Phone: _____

Email address: _____

Are you an artist? ____ Visual ____ Performing

You will receive information about upcoming member-artist exhibits by email

Level of membership:

_____ Individual	\$ 25.00
_____ Family	\$ 50.00
_____ Please accept my additional gift of	\$ _____
_____ Donation to <i>the OCAC-Mariner Scholarship Fund</i>	\$ _____

TOTAL \$ _____

**** Please make checks payable to "OCAC" and mail to:**

Ontario Co. Arts Council
20 Fort Hill Avenue
Canandaigua, NY 14424

THANK YOU!