

IRVAC Membership Information Form

(We do **not** share your information!)

~ Please complete this form, even if this is a renewal, print legibly~

Name, Primary Member: _____

Name, Secondary Member: _____
(Joint Memberships ONLY)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Best time(s) to call: _____

E-mail: _____

Contact by Email saves IRVAC postage, paper & time!

Contact Preference: Phone E-mail

Favorite Activities / Pastimes: _____

Art Involvement: _____
(not required!)

Volunteer Interests: Kids, Learning Through Art Food, Refreshments
(We need YOUR help!) Distribute Flyers, Posters Event Setup, Teardown
 Event Planning ArtWalk Seniors Teaching/Mentoring
 Grant Writing Publicity Music Artist Workshop
 Fund Raising Other: _____

This is a: New Membership Renewal

Individual Membership dues: One year: \$15
(one adult) Two years: \$25

Joint Membership dues: One year: \$25
(two adults, same address) Two years: \$45

I would like to make a donation in addition to my Membership dues to help fund IRVAC's valuable programs & events: \$ _____

Lifetime Membership: \$500 or more
(one or two adults, non-transferrable)

Total Enclosed: \$ _____

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For IRVAC internal use only:

Rec'd: \$ _____ Cash Check # _____ Date: ____/____/____ By: _____

[March 2011 • Note: This form supercedes all previous versions]

Please print & complete this form and mail it with check or money order to:
IRVAC, PO Box 522, Cave Junction, OR 97523