



For office Use Only:
LAST NAME: _____

MEMBERSHIP APPLICATION FORM

- Individual Membership - \$30.00
- Family Membership (two adults and dependents) - \$50.00

Your Name: (Last) _____ (First) _____

Age Range: 14- 19 20 – 40 41 – 54 55+ (statistics needed for funding applications)

Name of Spouse or Guardian (for family memberships) _____

Name and Age of Children _____

Address: _____

City: _____ Postal Code: _____

Phone # : am: _____ pm: _____

Fax: _____ Cell: _____

Email: _____

(Note: If you do not want to receive emails from us do not leave us your email address.)

Donations: I would like to make a tax-deductible donation: \$25 \$50 \$100 Other

Method of Payment: Cash: Register in person, do not send cash through the mail.

Cheque: Make payable to **Waterloo Community Arts Centre**. (Do not drop through front door slot!)

Credit Card: Make a payment over the phone or mail this form with the following information:

Visa / MC# _____ Expiry Date: _____ / _____

Signature: _____ Month / Year

Artistic Interests: Art Business Clay or glass Dance Digital Media/Photography

Drama/Theatre Literature Language/Culture Mixed Media Music Painting Sculpture/Install

Privacy: We are dedicated to protecting your privacy and safeguarding your personal and financial information. Your personal information is collected with your consent for the purpose of informing you of programming and special events by phone, mail or email. Your financial information is collected to complete a purchase of goods or services or process a donation. Your information will not be released under any circumstances to other individuals or organizations. A complete list of our privacy principles may be obtained upon request.

For office use only: Date Received: _____ Memb. Expiry Date: _____

Membership Card Issued Card picked up Mailed Entered in Computer