



# 2018 Membership Application

## The Community Arts Council of Richmond

P.O. Box #36546, Seafair PO, Richmond B.C. V7C 5M4

Supporting BC Artists since 1970

[www.richmondartscouncil.org](http://www.richmondartscouncil.org)

Date

New member

Membership renewal

### Member detail

|           |                      |                    |                      |
|-----------|----------------------|--------------------|----------------------|
| Name      | <input type="text"/> |                    |                      |
| Address   | <input type="text"/> |                    |                      |
| City      | <input type="text"/> | Postal code        | <input type="text"/> |
| Telephone | <input type="text"/> | Cellular Telephone | <input type="text"/> |

### Artistic discipline / interest / talent / support

|   |                      |
|---|----------------------|
| <p>Please describe your areas of interest, or if an artist, your current discipline.</p> <p>.</p> | <input type="text"/> |
|---|----------------------|

### Internet

|                   |                      |   |
|-------------------|----------------------|---|
| E-mail address    | <input type="text"/> | <small>The Community Arts Council of Richmond publishes a newsletter and sends out relevant information. Please choose to receive or not. Please refer to our online privacy statement.</small> |
| E-mail newsletter | <input type="text"/> |   |
| Web site          | <input type="text"/> |   |

### Membership Type

( Please refer to our website located at <http://www.richmondartscouncil.com/membership.html> )

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Associate: - \$10.00                    | <input type="checkbox"/> Student (18 yrs and up): - \$15.00       | <input type="checkbox"/> Participating Member: - \$35.00 |
| <input type="checkbox"/> Supporting Member: - \$20.00            | <input type="checkbox"/> Groups and Corporate: - \$100.00         |  |
| <input type="checkbox"/> Individual Life Time Member: - \$100.00 | <input type="checkbox"/> Life Time Group or Corporate: - \$500.00 |  |

### Payment

|                        |                      |                                      |
|------------------------|----------------------|--------------------------------------|
| Name on payment        | <input type="text"/> |                                      |
| Membership type period | <input type="text"/> | Membership Paid <input type="text"/> |
| Signature              | <input type="text"/> |                                      |

Please complete the application form above, and print it using the convenient print button above.

You may fill in each field of the form above then print the completed application membership form.

This application must be submitted by postal mail. Payment should be included.

Or may be made online on our website [www.richmondartscouncil.com](http://www.richmondartscouncil.com), using the **Paypal** link on our **Membership Page**.

Upon receipt of your payment, a new membership card will be sent to you by postal mail.

**THANK YOU**