

LAMAR ARTS MEMBERSHIP APPLICATION FOR 2015

NAME _____ PREFERRED PHONE NO. _____

ADDRESS _____ EMAIL _____

CITY, STATE, ZIP _____

____ Student (\$5) ____ Individual (\$20) ____ Family (\$35) ____ Patron (\$50) ____ Business/ Donor (\$100)

Lamar Arts needs your time, talents and energy to achieve our goals for the upcoming year. Please choose from the list below of areas where you are willing to help. We appreciate your interest and support.

____ Reception ____ Gift Shop ____ Membership ____ Kids Camp
____ Publicity /Mailings ____ Newsletter ____ Web Site ____ Art Gallery Docent
____ Fund Raising ____ Art Gallery Exhibits ____ Special Events

Make Checks Payable to Lamar Arts and mail (with this form) to PO Box 688, Barnesville, GA 30204