

MEMBERSHIP FORM



NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

PHONE: _____

EMAIL: _____

INDIVIDUAL MEMBERSHIP \$40

FAMILY MEMBERSHIP for 2 Adults \$70

SENIOR CITIZEN MEMBERSHIP (65+) \$35

Additional Family Member Name: _____

CHILDREN UNDER 18 FREE

This membership is valid upon receipt of payment thru the entire 2021 calendar year, if membership has been paid on or after 9.1.2020. This membership is tax deductible within the year of purchase.

PLEASE ACCEPT MY ADDITIONAL TAX-DEDUCTIBLE 501(c)3 CONTRIBUTION. I AM ENCLOSING \$ _____

\$ _____ **TOTAL AMOUNT ENCLOSED**

VISA MASTERCARD DISCOVER CHECK: Please Make Payable to **Cuyahoga Valley Art Center**

CREDIT CARD # _____ EXPIRATION DATE: _____

SIGNATURE: _____

PLEASE RETURN THIS FORM TO CVAC IN PERSON OR BY MAIL TO: 2131 FRONT STREET CUYAHOGA FALLS, OH 44221

INTERNAL USE ONLY:

DATE RECEIVED: _____

CVAC REP INITIALS: _____

METHOD OF PAYMENT: _____

RECEIPT #: _____