



LAKE COUNTY ARTS COUNCIL

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

*I would like to support the programs of the Lake County Arts Council at the following **tax deductible** level:*

INDIVIDUAL MEMBERSHIP

- \$10 Student (22 & Younger)
- \$25 Individual
- \$35 Family
- \$50 Patron
- \$100 Donor

BUSINESS MEMBERSHIP

- \$150 Business Sponsor
- \$250 Silver Sponsor
- \$500+ Gold Sponsor

- Yes, I would like to be a volunteer. Please let me know how I can help.*
- Yes, I would like to be contacted about displaying my work in the Gallery.*

For more information, call 707.263.6658, email membershipsgallery@gmail.com or drop by the Main Street Gallery located at 325 North Main Street, Lakeport, CA.

** Print and return this form along with your payment to: **Lake County Arts Council - PO Box 247, Lakeport, CA 95453***

*** Please make checks payable to Lake County Arts Council.*