

_____TODAYS Date

Last Initial_____



GATEWAY ARTS COUNCIL
Membership Level Application

Please Print -Thank You!

NAME_____

EMAIL ADDRESS _____@_____.

CELL PHONE # () _____ - _____ PHONE # 2 () _____ - _____

ADDRESS_____

CITY _____ STATE _____ ZIP _____

Preferred Media_____

I am most interested in _____

Membership Level

Student [\$20] Individual Level \$40 Family Level \$50 Donor Level \$100
Patron Level \$250 Apple Level \$500 Business Level \$1,000

Gift: _____ In Honor Of _____

Email a pdf of your logo to: gatewayartscenter213@gmail.com

I am interested in teaching Adult/Children's Classes as a paid instructor. Briefly describe your class_____

I would like to volunteer for: Special Needs Programs Children's Classes Free Make and Take Projects
After-School Program Gallery Prep/Docent Summer Camp Event Planning/Hospitality
Outreach/Sponsorship

GAC Representative: Please Take Digital Image of Entire Page for Our Computer Records

To be filled out by Gateway Representative

Gateway Arts Council is a 501 c 3 Organization # _____ Date _____

213 E. Windsor Street Westminster, SC 29693 gatewayartscenter213@gmail.com www.gatewayartscenter.net

Member Name _____ Level \$ _____

G.A.C. Representative _____