



*Become a Member Today
Support the Arts in the Mt. Washington Valley!*

Name: _____

Membership Levels:

Mailing Address: _____

Individual \$50.00

City: _____ State: _____ Zip: _____

Family (2 Adults) \$55.00

Phone: _____

Student K-12 Free

Email: _____

Lifetime \$1,000.00

Website: _____

Business \$100.00

I would like to support the MWVAA
by volunteering

Donation \$
—

Method of Payment:

Cash,	Check (Please make payable to "MWVAA")	Credit Card Type
Credit Card #: _____	Exp. Date: _____	CW (3 digit code): _____ Zip Code: _____
Signature: _____		

WELCOME to your Arts AssociationWhat can we do for you?

Are you a beginning artist?___ If "yes", what medium(s) do you wish to explore? _____

Are you a juried artist?___ if "yes", where were you juried? _____

Are you interested in taking classes/workshops?___ if yes, what specifically interests you? _____

Additional comments/questions: _____

Contributions to the MWVAA are tax deductible to the extent allowed by law
Mail Form TO: MWVAA, P.O. Box 1603, North Conway, NH 03860
603.356.ARTS (2787) www.mwvarts.org