

SPANISH PEAKS ARTS COUNCIL (SPACe) MEMBERSHIP FORM:

Date_____

Name(s)_____

Mailing Address_____

City_____ State_____ Zip_____

Phone_____ Alt. Phone_____

E-mail(s) (for sending newsletters and notices of events)

Interests in the Arts: artist? (media) other_____

Volunteer? When? How?

MEMBERSHIP CATEGORIES (CIRCLE ONE)

Individual \$35 • Family/Couple \$45 • Business \$75

Sponsor \$100 • Patron \$250 • Angel \$500

OTHER DONATIONS

Youth/Teen Art Workshops \$_____ Exhibit Award Fund (for awards) \$_____

Other (specify) \$_____

Please send separate checks for memberships and donations.

Send your checks with this form to: SPACe, PO Box 803, La Veta, CO 81055,

or pay by credit card on the SPACe website. *However, we still need a copy of this completed form for our records.*