



Spanish Peaks Arts Council (SPACE) Membership Form

Date _____

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

E-Mail(s) _____

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 ▪ Space Cadet \$15

A donation in addition to your membership renewal would also be greatly appreciated. Please consider adding an additional donation to your membership. Thank you.

General Fund Donation \$ _____ Youth Art Workshop \$ _____

Other (please specify) \$ _____

Total amount enclosed (or paid online) \$ _____ Date paid _____

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

Or pay by credit card on the SPACE website. **Please email or "snail" mail a copy of this completed form to the SPACE office so we can keep our records accurate and up to date. Thank you.**