

I wish to be a Member

* For Family/Dual Membership, please include the Name(s), Phone, and Email for additional members below:

Select Membership Group(s):

Visual Arts

Performing Arts

Literary Arts

Friend of the Arts

Select Membership Type:

Individual – \$35

Family/Dual *
(same address) – \$55

Student (with ID) – \$20

I wish to make a donation
in the amount of:

\$ _____

See payment options below.

**To make a payment or
donation online, go to
www.sandwichartsalliance.org**

Thank You!

Name: _____

Winter mailing address: _____

Summer mailing address: _____

Email: _____ Phone: _____

Check enclosed. ***Please make payable to Sandwich Arts Alliance***

Please charge my gift to: Master Card Visa Discover American Express

Account #: _____ Expiration Date: _____ CVV#: _____

Name as it appears on card: _____

Total amount of charge: \$ _____ Signature: _____

Empowering the Arts – Enriching the Community



Place
Stamp
Here

SANDWICH *Arts* **ALLIANCE**

P.O. Box 1332
Sandwich, MA 02563