

MEMBERSHIP APPLICATION

YES! I would like to join Women Supporting the Arts!

| Name: | |
|--|--|
| Name for Name Tag: | |
| Company Name (if applicable) | |
| Street Address: | |
| City, State, Zip: | |
| Home Phone: | |
| Work Phone: | |
| Mobile Phone: | |
| Email Address: | |
| Do you have a specific area of interest in the a | arts? |
| Comments/Questions/Notes: | |
| memo field, "Women Supporting the Arts." You ma I pledge my WSA Membership. Please send me a I'll make my gift during the GREAT GIVE (May 17, I at Great Give website ☐ I'll pay via a Credit Card: | de reminder:(date before 12/31/2017) Midnight to Midnight) to receive the matching funds ts.org, Donate Now: (Visa / MasterCard / AmEx / Discover conthly" recurring giving option. |
| Please return to: Women Supporting the Arts c/o Arts Foundation for Martin County 80 SE Ocean Blvd. Stuart, FL 34994-2234 | Or fax to: (772) 288-5301 For more information, call: Nancy Turrell (772) 287-6676 x4 |