



ARTS COUNCIL OF NEW WESTMINSTER
PO Box 16003, New Westminster, BC V3M 6V6
info@acnw.ca | acnw.ca | 604-525-3244

MEMBERSHIP APPLICATION

THREE WAYS TO BECOME A MEMBER:

- Apply online at acnw.ca/membership
- Fill out a Membership Form and drop it off at *The Gallery at Queen's Park* during Gallery hours
- Mail this form with payment to the address above.

Please make cheques payable to Arts Council of New Westminster.

First Name: _____ **Last Name** _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **E-mail:** _____

Website: _____

Organization/Business Name: _____

(If applying as Non Profit Group or Corporate membership)

Number of members in your group: _____

Please select Arts category: Please select one arts category that best describes the main interest of your organization or your own interest if you are applying as an individual member:

- | | | |
|--------------------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Literary Arts | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> ACNW Committees & Board | <input type="checkbox"/> Art Education | <input type="checkbox"/> Volunteering |

Select Membership Type: **New** **Renewal**

- | | |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Individual \$30 | <input type="checkbox"/> Non-Profit Group \$75 |
| <input type="checkbox"/> Senior/Student \$21 | <input type="checkbox"/> Corporate \$150 |

Additional support for your arts community:

I would like to support the Arts Council with a tax-deductible donation of: \$ _____

I would like to support the ACNW Hilda Cliffe Scholarship with a tax-deductible donation of: \$ _____

Please make cheques payable to **Arts Council of New Westminster.**

Total: \$ _____
