

MEMBERSHIP APPLICATION

PLEASE write clearly!

Date _____

Individual Name / Organization _____

(Org. Representative:) _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: h) _____ o) _____ Fax h) _____ o) _____

E-mail: _____

Website Listing (Development pending, but we need your permission to include you on the site).
 Please list me on the WSAC website and link my web page to the WSAC website (www.westshorearts.org)
 Please print name: _____
 Print web address : _____

New Member _____ Renewal _____

Individual - \$20 Business - \$30 _____ Group - \$30/ Representing approx. (number) _____ members

I reside in: Colwood _____ Highlands _____ Langford _____ Metchosin _____ View Royal _____

Other _____

As an artist my area(s) of artistic endeavour is/are:

Animation _____ Dance _____ Music _____ Photography _____ Painting _____ Pottery _____

Quilting _____ Sculpture _____ Storytelling _____ Theatre _____ Writing _____ Other _____

Teaching – (medium(s)) _____

I would like to volunteer: Yes _____ (Please go to Volunteer Questionnaire and complete).

MEMBERSHIP YEAR November 1 - October 31, each year.

Membership does not become effective until payment is received.

Fill out form and mail with Cheque to:

West Shore Arts Council

P.O. Box 28090, RPO Canwest, Victoria, BC V9B 6K8

For use by WSAC Office

DB entry _____ e-mail update _____

Cheque _____ Cash Amnt: \$ _____

Date of Receipt: _____

Member # _____ Receipt # _____

Officer: _____