

# MEMBERSHIP FORM

I wish to contribute:

Individual	\$25	Advocate	\$250
Family	\$40	Benefactor	\$500
Supporter	\$100	Patron	\$1000 and Above

Name (as you would like it to be printed in the newsletter)

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

If you would like to receive email notices of special events, call-to-artist announcements and other arts related information, please list your email address. We will not share this, or any other information, with other individuals or businesses. Please remember to add us to your friends list (or unblock us) to get your e-Blast newsletters. Check out our website for more information: [www.burkearts.org](http://www.burkearts.org).

*Thank You! We value your support!*

**BURKE ARTS COUNCIL**

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