



Membership Form

PERSONAL INFORMATION

Surname - Group - Business Name

Surname (group/business)

First name.....

Address

City Postal Code

Phone

E mail

Web Site

MEMBERSHIP TYPE

Individual \$20

Family (one address) \$30

Group/Business \$40

Arts Category - Literary Music Theatre

Fine Arts - Painting Pottery Sculpture Weaving Printmaker

Notify me by e-mail of upcoming events. YES NO

For those without email, newsletter will be made available at the Art Centre

Personal information provided by members will only be used for the purpose of communication and will not be released without the consent of the individual. Inclusion of your name or business in our Directory or on our website requires your signature on the line below.

I agree. (signature required).....

VOLUNTEER TO BE ON HAND TO:

Act as Greeter and Host for shows

Help with Office or Computer duties



The Artists Directory will be distributed in public outlets

Go to (www.cacsp.com)
for information of how you can be
included in the Directory