



### Membership Form

In addition to my membership of \$ \_\_\_\_\_,

I would also like to make an additional contribution of

\$ \_\_\_\_\_ to the Fine Arts Center for the New River Valley.

Please bill me  Monthly  
 Quarterly  
 Yearly  
 Other \_\_\_\_\_

Benefactor	\$1,000.00
Sustaining	500.00
Sponsor	125.00
Patron	75.00
Friend	50.00
Supporting	25.00
Individual	15.00
Student	10.00

My payment is enclosed by check # \_\_\_\_\_

Please charge my payment to my  Visa, or  Master Card

Expiration Date \_\_\_\_\_

Account Number \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**Return this form to: Fine Arts Center for the New River Valley  
P.O. Box 309  
Pulaski, VA 24301**