



EAST END ARTS AND HUMANITIES COUNCIL, INC.
www.EastEndArts.org

ANNUAL MEMBERSHIP FORM

Please return this form with payment to: East End Arts, Attn: Membership, 133 East Main Street, Riverhead, NY 11901

YES! I wish to become a member of East End Arts and help keep the East End alive with art and applause.

- | | | |
|---|-------|---|
| <input type="checkbox"/> Individual | \$50 | <input type="checkbox"/> New Membership |
| <input type="checkbox"/> Family | \$65 | <input type="checkbox"/> Renewed Membership |
| <input type="checkbox"/> Senior (65+) / Student | \$35 | <input type="checkbox"/> This Membership is a Gift* |
| <input type="checkbox"/> Working Artist | \$60 | <small>Includes 3 free entries in one Gallery show (\$25 value); Link in online Artist Registry and in-house file</small> |
| <input type="checkbox"/> Arts Organization | \$80 | |
| <input type="checkbox"/> Sponsor | \$125 | |
| <input type="checkbox"/> Angel | \$275 | |
| <input type="checkbox"/> Benefactor | \$525 | |

For more information about these and other donor levels and benefits, call 631-727-0900, or select:

Organization/Business for arts organization membership: _____

Title: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone: _____ Other Phone: _____

Website: _____ What is your artistic medium? _____

What are your interests? _____ Are you interested in volunteer opportunities?

I would like to receive EEA e-mail news. Yes No

I would like to link my website to www.EastEndArts.org Yes No

I would like to add my bio, contact info, and image to the Artist Musician Registry.

Payment method: Check *Make checks payable to East End Arts Council.* Cash

Credit Card: Visa - Mastercard - American Express - Discover

Credit Card Number: _____ Exp. Date: _____

Print Name *As it appears on card:* _____

Signature: _____

**If this membership is a gift, please provide your name and contact information here:* _____