

Membership Application

Yes, I would like to become a member of the Ada Arts Council and support arts in the Ada area. I enclose my dues payment in the amount of \$_____, payable to the Ada Arts Council.

Student Family Business	\$15.00 \$35.00 \$50.00	Individual Senior (60+) Sponsor	\$25.00 \$15.00 \$100.00	
Name (s)				
Street Address		City	State	Zip
Telephone			mail address	
I have the follo	wing suggestions/co	omments (use reverse side if	necessary):	
Please note any	persons who you t	hink would be interested in I	becoming memb	ers:
Are you willing	g to participate in A	rts Council activities and ev	ents as a Commi	ttee member?
Yes	No			
Would you cor	sider making an ad	ditional tax deductible gift to	o the Ada Arts C	ouncil?
Yes	No			
If yes, indicate amount and enclose check with additional amount.				
Send application and check to:		Ada Arts Council P.O. Box 553 Ada, MI 49301		
Visit us at <u>www</u>	w.adaarts.org			
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