



Membership Form

New Renewing

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Artist's website (optional – will be listed on the NAA website)

Annual Membership Options

- | | |
|--|---|
| <input type="checkbox"/> \$25 student | <input type="checkbox"/> \$100 Arts Supporter |
| <input type="checkbox"/> \$25 senior (70+) | <input type="checkbox"/> \$200 Arts Patron |
| <input type="checkbox"/> \$35 individual | <input type="checkbox"/> \$300+ Arts Benefactor |
| <input type="checkbox"/> \$60 household | |

Please make check payable to: Newark Arts Alliance

Mail to: 276 E. Main St., Suite 102, Newark, DE 19711

I am interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Gallery Monitor | <input type="checkbox"/> Exhibition Committee |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Community art projects |
| <input type="checkbox"/> Gallery Shop Committee | |

For more information, check out our website at

www.newarkartsalliance.org