

MEMBERSHIP FORM

Please print clearly							_			
Member:										
Family / Group / Co List all memb										
Address:										
City:				_ Prov	ince:					
Postal Code:		eMail Add	lress:							
Preference for comm	nunication:	Postal		eM	ail					
Telephone/Home: _	/Home: Business:				Cell:					
Area(s) of Interest:										
Type of Membership	p (circle on	e):								
Individual		Student	\$	20	Senior	\$	20			
Family Corp (<100)	\$ 30 \$ 100	Group Corp (>100)	\$ \$	35 200						
Donations										
In addition, I wo Tax receipts		lonate \$ onations over \$ 3				s Centre	e			
Please make your ch	ieque payab	le to: Durham W	est A	rts Cer	ntre					
Mailing Address:	Durham West Arts Centre P.O. Box 667 Pickering, Ontario, L1V 3T3									
Telephone Contact:	647-351-21	70	eMa	eMail address: membership@dwac.ca						

Version: June2010