

MEMBERSHIP FORM

Please print clearly

Member: _____

Family / Group / Corporate name: _____
List all members on reverse side

Address: _____

City: _____ Province: _____

Postal Code: _____ eMail Address: _____

Preference for communication: Postal _____ eMail _____

Telephone/Home: _____ Business: _____ Cell: _____

Area(s) of Interest: _____

Type of Membership (circle one) :

Individual	\$ 25	Student	\$ 20	Senior	\$ 20
Family	\$ 30	Group	\$ 35		
Corp (<100)	\$ 100	Corp (>100)	\$ 200		

Donations

In addition, I would like to donate \$ _____ to the Durham West Arts Centre
Tax receipts issued for donations over \$ 30.00

Please make your cheque payable to: Durham West Arts Centre

Mailing Address : Durham West Arts Centre
P.O. Box 667
Pickering, Ontario, L1V 3T3

Telephone Contact: 647-351-2170

eMail address: membership@dwac.ca