



# DURHAM WEST ARTS CENTRE

## MEMBERSHIP FORM

### RENEWAL FOR 2009

PLEASE PRINT AND COMPLETE IN FULL

PLEASE PRINT CLEARLY

MEMBER/CONTACT NAME (GROUP NAME IF APPLICABLE)

ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

HOME TELEPHONE

BUSINESS TELEPHONE

EMAIL

### TYPE OF MEMBERSHIP

INDIVIDUAL

\$ 25

GROUP

\$ 35

FAMILY

\$ 30

SENIOR/STUDENT

\$ 20

### 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 CHEQUES PAYABLE TO DURHAM WEST ARTS  
CENTRE AND RETURN THIS FORM TO:

**Durham West Arts Centre**

364 Kingston Road, Pickering ON L1V 1A2

CONTACTING US:

905.492.2533

905.492.2522

membership@dwac.ca