

IRVAC Membership Information Form

(We do not share your information)

Please complete this form even if this is a renewal. Print Legibly.

Name, Primary Member: _____

Name, Secondary Member: _____

(For Joint Memberships only)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Best times to call: _____

Email: _____

Contact Preference: Phone _____ Email _____

Favorite Activities/Hobbies: _____

Volunteer Interests: (we are a volunteer organization and we need your help! Circle all that apply.)

Grant Writing

Kids/Learning Through Art

Music

Fund Raising

Distribute Posters

Food, Refreshments

Event Planning

Publicity

Artist Workshop

Staff a festival booth

Scenery/event decorating

Mailing Party

This is a New Membership _____ Renewal _____

Individual Annual Dues One Year \$15

Two Years \$25

Joint Membership Dues One Year \$25

Two Years \$45

I want to make a donation in addition to my dues to help fund IRVAC's valuable programs and events: \$_____. Lifetime Membership \$500 or more: \$_____

TOTAL ENCLOSED: \$_____

For IRVAC use only:

Rec'd \$_____ Cash____ Check____ Date: ____ / ____ / ____ By: _____

Please print and complete this form and mail it with your check to:

IRVAC, PO Box 522, Cave Junction, OR 97534