Membership Application

Note: Membership Year is September 1st through August 31st.

All memberships expire on Aug. 31st and require renewal on Sept. 1st. Membership fee remains the same throughout the year regardless of collection date - no proration.

The information on this form is used for contact purposes and member services, and organizational development. Please provide only the details

you feel comfortable sharing. Thank you.	
Name:	
Street Address:	
City, State, Zip:	
E-mail:	Phone:
Age: Race/Ethnicity:	Gender ID:
What would you like us to k	now about you:
	<u>-</u>
☐ Opt OUT of SHARE	D MEMBER DIRECTORY
☐ Opt OUT of West N	Aichigan Arts Council E-mails
Payment may be made with	: PayPal, Credit Card or Check
	Make payable to: Grand Valley Artists, Inc.
	Mail to: Grand Valley Artists Membership Chair
	2661 29 th Street SE Suite B
	Grand Rapids, MI 49512
The Kubiak Membership Fu	ınd: The William (Bill) Kubiak Fund was
established to offer assistan	ice to artists coping with financial hardship.
To apply, please e-mail Mer	nbership@grandvalleyartists.org
	orial Scholarship Fund: Established to offerents enrolled in fine arts related higher

For help contact: Membership@grandvalleyartists.org

Join Here:	
Date:	
☐ New Membership \$60	
☐ Renewing Membership \$60	
☐ Returning Membership \$60	
☐ Student Membership (age 18+) \$30	
☐ Additional Family Member(s) (\$60 plus \$30 for each family member in the same household age 18+) Please list names and email addresses:	
Pay Here:	
☐ Membership Dues:	
☐ Donation to GVA's 501c3:	
☐ Donation to Kubiak Fund:	
☐ Donation to Maslin Fund:	
Total:	
☐ Check # Mail or Leave in GVA's office Membership Mailbox	
Pay by PayPal	
Pay with Credit Card	