

west hartford art league

membership form

Become a member of the West Hartford Art League today! Fill out the form below and submit with payment online, by fax or in the mail. Thank you.

Name: _____

Email: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____ Work: _____

Membership Levels :

- **Family Membership: \$75**
- **Individual Membership: \$50**
- **Student (age 18 and under): \$35**
- **Small Business/Non-profit: \$75**
- **Corporate: \$200**
- **Patron: \$250**
- **Sponsor/Life Member: \$600**

Payment Method :

Check Discover/Novus Visa Mastercard

Card Number _____

Expiration _____

Signature _____

You may mail this form and your check to:

West Hartford Art League, 69 Raymond Road, West Hartford, CT 06107

Faxed membership forms may be sent to 860-231-8145