

Craven Arts Council & Gallery Membership Form

Name _____

Renewal

Address _____ City _____

New Member

State _____ Zip _____ Phone _____ Fax _____

Date _____

Email _____@_____

Amount Enclosed \$ _____ Please Bill Me Annually Semi-annually

Visa Mastercard Card # _____

Signature _____ Exp _____ / _____

Please mail your check or credit card information to:

Craven Arts Council & Gallery
PO Box 596
New Bern, NC 28563

Does your company have a matching gift program? Y N

If yes, company's name _____

I would like to be a Craven Arts Council volunteer

Check one:

- Benefactor\$1,000-
- Patron\$500 - \$99
- Sponsor\$250 - \$49
- Supporter...\$100 - \$24
- Contributor....\$75 - \$9
- Advocate.....\$50 - \$7
- Member.....\$35 - \$4