

LCAA Membership Application

What benefits will you receive as an LCAA member? You will get:

- 🔊 *The Focal Point*, the LCAA's newsletter.
- 🔊 Numerous **exhibition opportunities**.
- 🔊 **Notification** of all LCAA classes, special programs, events, and shows.
- 🔊 **Discounts** on classes & entrance fees.
- 🔊 **Opportunities to promote YOUR art** in *The Focal Point* & on our web page.
- 🔊 **Opportunities to network** with others who have an interest in art.

Membership/Support Categories

- Junior** (16 to 22 years) \$25/year
- Senior** (65 years & over) \$35/year
- Adult** (23 to 64 years old) \$45/year
- Family** (1-2 adults & children, 18 yrs. or younger) \$80/year
- Benefactor** \$250/year
- Sponsor** \$500/year
- Friend** \$1,000/year
- I want to contribute** \$ _____,
- \$5 early payment discount (by 1st day of membership month - renewals only.)**

Payment Information:

Total Amount Enclosed \$ _____.

Type of payment: [] cash [] check [] credit card -- *if paying by card, please indicate the following:*

Type of card: [] Mastercard [] Visa [] Discover

Card number: _____

Expiration date: ____/____ Sec. Code: _____

Applicant Information

Renewal New member

Name: _____

Street Address: _____

_____ City: _____

State: _____ Zip Code: _____

Phone #: (____) _____ - _____

Email: _____

Webpage: _____

(to include on our web site.)

[] Check if any information above is new.

Please tell us ASAP when any of the above changes, so all LCAA updates and mailings will reach you promptly.

How would you like to be involved? - check all that apply:

- Help set up exhibits
- Help with hospitality (receptions)
- Be a Gallery Sitter
- Help with building and/or grounds
- Board Position
- Help with mailings and office work
- Work with Publicity Committee
- Graphics or Newsletter
- Fundraising or Grant Writing
- Finances
- Serve on any committee that needs me

Comments, Questions, Suggestions

Use the back of this form - or include a separate letter

New Members- where did you learn about the LCAA?

Mailings__ Web Site__ Newspaper__ Other_____

For Office Use Only:

Date rcd: _____ Date Ent: _____

* Return form and your payment to: LCAA, 149 Precision Ave, Strasburg, PA 17579.