

2010 MEMBERSHIP FORM

YOU MAY PRINT THIS FORM AND FILL OUT AND RETURN WITH CHECK

NAME _____

ADDRESS _____

CITY/STATE /ZIP _____

EMAIL ADDRESS _____

PHONE (HOME) (_____) _____ - _____

CELL NO. (_____) _____ - _____

CHECK IF: NEW **OR** RENEW

CHECK ONE: INDIVIDUAL ____ (\$25) CORPORATE ____ (\$500)
 FAMILY ____ (\$30) SPONSOR ____ (\$1,000)
 PATRON ____ (\$50) BENEFACTOR ____ (\$100)

MAKE CHECK PAYABLE TO: HOBART ARTS LEAGUE

SEND TO: HOBART ARTS LEAGUE 3850 HOWARD ST HOBART, IN 46342

FOR MORE INFORMATION CALL 219-942-3834

*DO YOU HAVE ANY TALENTS THAT YOU WOULD LIKE TO SHARE WITH THE HOBARTS LEAGUE? YES NO IF YES, DESCRIBE BELOW

*WOULD YOU LIKE TO HELP ON HAL PROJECTS (ART FAIRS, STUDENT SHOWS, GALLERY SITTING, MONTHLY EVENTS, ARTIST JURIED SHOWS,)

YES NO

IF YES, WHICH ONE(S) _____

OFFICE USE ONLY: _____

CASH or CHECK NO. _____ AMT OF CHECK \$ _____ DATE RECEIVED _____

RECEIPT NO. _____ MEMBERSHIP CARD: _____ RECEIVED BY: _____