



MEMBERSHIP APPLICATION

Please accept my membership to the Dana Point Coast Arts at the following level (check one)

- | | | | |
|---|---------|-----------------------------------|----------|
| <input type="checkbox"/> Senior/Artist: | \$25.00 | <input type="checkbox"/> Donor: | \$500 |
| <input type="checkbox"/> Individual: | \$30.00 | <input type="checkbox"/> Premier: | \$750.00 |
| <input type="checkbox"/> Family: | \$40.00 | | |

Name _____

Address _____

City, State, zip _____

Phone _____

Email _____

Web site _____

I'm an:

- Artist
- Musician
- Performer
- Patron of the Arts

Would you like to be contacted about volunteer opportunities?

- YES NO

Please mail to:

Dana Point Coastal Arts
Attn: Membership
P.O. Box 3076
Dana Point, CA 92629

All gifts and contributions made to this organization are tax deductible. Section 501 (c)(3)