

# Membership & Volunteering Form

**Yes, I would like to become a member of the CAA!**

Please complete the following form and mail it to: The Cooperstown Art Association  
22 Main Street Cooperstown, NY 13326

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Website Address \_\_\_\_\_

## Types of Membership (Please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time student.....\$5.00 | <input type="checkbox"/> Patron.....\$150.00     |
| <input type="checkbox"/> Individual.....\$25.00       | <input type="checkbox"/> Supporting.....\$250.00 |
| <input type="checkbox"/> Family.....\$30.00           | <input type="checkbox"/> Benefactor.....\$500.00 |
| <input type="checkbox"/> Contributing.....\$75.00     | <input type="checkbox"/> Corporate.....\$1000.00 |

Are you an artist?       yes       no      If so which medium? \_\_\_\_\_

Are you a craftsman?       yes       no      \_\_\_\_\_

Amount of membership (from list above) \_\_\_\_\_

Any additional donation? \_\_\_\_\_

Any scholarship donation? \_\_\_\_\_

**Total enclosed** \_\_\_\_\_

**Yes, I would like to volunteer at the CAA!**      **No thanks**

Interests (Please check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mailings            | <input type="checkbox"/> Special Events   | <input type="checkbox"/> Painting/Carpentry |
| <input type="checkbox"/> Crating/Uncrating   | <input type="checkbox"/> Front Desk       | <input type="checkbox"/> Receptions         |
| <input type="checkbox"/> Receiving Committee | <input type="checkbox"/> Membership Drive | <input type="checkbox"/> Hanging Shows      |