

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.....\$40.00 | <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 |