



Location
Mailing Address
Phone
Email
Website

402 Main Street, Yorktown, VA
PO Box 657, Yorktown, VA 23690
757.369.1108
Yorktownartsfoundation@gmail.com
www.yorktownartsfoundation.com

Application for Membership

Name _____ Date _____
Last Name First Name Date of Payment

Membership Levels \$15 Student \$45 Individual \$55 Family 1 Artist/membership
Payment Cash Credit Card Check Check # _____

Please Make Check Payable to: **YORKTOWN ARTS FOUNDATION**

Dues are tax deductible as provided by law. Yorktown Arts Foundation is a 501(c)(3) non-profit corporation dedicated to the support and promotion of the arts in York County Virginia.

New Member
Please continue

Renewing Membership
Please update any changes since last year

Address _____
Street City/Town State Zip Code

Contact Information _____
Cell Phone Email Address

Website/ Blog _____

Art Basketry Digital Drawing
X all that apply Jewelry Painting Photography
 Pottery Sculpture Quilting
 Other _____

If you plan to display as an artist in the gallery, please provide all areas of support. Serve on committees or contribute to the success of the Yorktown Arts Foundation and/or On The Hill Gallery in sustained ways such as.

I will Art Stroll Cleaning or Maintenance Gallery Committee
X all that apply Gallery Staff – Day Manager Jury Committee Programs, Events and Exhibits
 Publicity and Social Media Teaching Classes/Summer Camp

Note: *All Dues are Annual It is your responsibility to keep your personal information up to date. Thank you*

Member Signature _____