



3 East 4th St., Ste. 10
Erie, PA 16507
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fx (814) 452-3128
www.artserie.org

Membership Application INDIVIDUAL

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Art From/Art Interest: _____

If you are a college student, please supply the following information:

College: _____

Major: _____

Select the Membership Level of your choice:

LEVEL 1 (\$25) - INDIVIDUAL LEVEL 1 INDIVIDUAL Student rate (\$15)*

Payment Method:

Cash Check (Payable to ArtsErie) Visa MasterCard

For credit card payments:

Card #: _____ Exp. Date: _____

Name on card: _____

Authorized Signature: _____ Date: _____

Please return completed application along with payment to:

Soña Hernandez – Member Services
ArtsErie / 3 E. 4th St., Suite 10 / Erie, PA 16507