



3 East 4th St., Ste. 10
Erie, PA 16507
ph (814) 452-3427
fx (814) 452-3128
www.artserie.org

Membership Application ORGANIZATION

Organization Name: _____

Primary Contact: _____ **Title:** _____

Address: _____

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

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Secondary Contact: _____ **Title:** _____

Address: _____

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

Phone: _____ **Fax:** _____

Email: _____

Please provide a description of your organization for use in our online Member Directory:

Select the Membership Level of your choice:

LEVEL 1 ORGANIZATION (\$50) LEVEL 2 (\$150) LEVEL 3 (\$300)

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