



MEMBERSHIP FORM

Date : _____

Name : _____

Address: _____, City: _____, State & Zip: _____

Phone : _____ Email: _____

Membership Level - Please circle one.

Student	\$15	Supporting	\$ 100
Senior +65	\$25	Patron	\$ 125
Individual	\$30	Contributing	\$ 250
Household/Sr.	\$35	Associate	\$ 500
Household	\$45	Sustaining	\$1,000

Please make check payable to *MVCA* and mail to *401 Canal Place, Little Falls, NY 13365*

(315) 823-0808

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