



VAC Staff Use
New _____ Renewal _____
End Date _____
Today's Date _____
Expiration Date _____
Card Issued _____
Receipt Nr.

# Member's Application

**YES! I would like to become a member of the Venice Art Center Family**

Name \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Secondary Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Other Phone \_\_\_\_\_

**TYPE OF MEMBERSHIP – Please circle one -**

- Individual - \$60
- Couple - \$75
- Student (21 & under) - \$20
- Family - \$100 (2 Adults & Children 18 & under)

**PAYMENT METHOD – Please check one –**

- Cash
  - Check
  - Pay Pal
  - Credit Card/Type \_\_\_\_\_
  - Debit Card
- \*Sorry, debit cards cannot be used for mail-in registrations

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please complete this form and send with your remittance to:  
Venice Art Center, 390 Nokomis Ave South, Venice, FL 34285

If you have any questions, please call us at 941-485-7136. Thank you.