



VAC Staff Use Only:

New _____ Renewal _____

Today's Date _____

Old End Date _____

New End Date _____

Card Issued _____

Receipt No. _____

VAC Initials _____

Member's Application

YES! I would like to be a member of the Venice Art Center

The Course Guide is mailed in AUGUST. Please put that address first.

Name _____

AUGUST Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Alternate / Local Address _____

City/State/Zip _____

TYPE OF MEMBERSHIP – Please circle one

Individual - \$65

Student (21 & under) - \$20

Couple - \$75

Family - \$100 (2 Adults & Children 18 & under)

PAYMENT METHOD – Please check one

Cash

Credit Card/Type _____

Check

Debit Card

MAILING FORM IN? PLEASE COMPLETE THIS SECTION.

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** or visit our website at **www.VeniceArtCenter.com**