



VAC Staff Use Only:

New ____ Renewal ____
Today's Date _____
Old End Date: _____
New End Date _____
Card Issued _____
Receipt Nbr. _____

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

Student (21& under) - \$20

Couple - \$75

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

If you are mailing this form, 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**