



Grandview
ARTS COUNCIL
2017 Membership Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Website: _____

Interested in:

_____ Becoming an Arts Council committee member

_____ Becoming an Arts Council volunteer

_____ Curating a public show

_____ Being a featured artist

Please tell us more about yourself and your interest in the Arts Council: _____

Annual Dues (Yearly dues based on calendar year Jan. 01 - Dec. 31)

_____ \$15 Student Membership

_____ \$30 Individual

_____ \$99 Nonprofit Business

_____ \$150 Corporate Business

_____ \$400 Angel Donor or Corporate Donor

Please mail this membership application and make your check out to:
Grandview Arts Council
1200 Main Street
Grandview, MO 64030