



contemporary
arts center

MEMBERSHIP FORM

Please select the Hallwalls Membership that's right for you:

- | | | |
|--------------------------|-----------------------|-------|
| <input type="checkbox"/> | INDIVIDUAL | \$45 |
| <input type="checkbox"/> | ARTIST/STUDENT/SENIOR | \$35 |
| <input type="checkbox"/> | HOUSEHOLD | \$65 |
| <input type="checkbox"/> | FRIEND | \$105 |
| <input type="checkbox"/> | ADVOCATE | \$205 |
| <input type="checkbox"/> | SUSTAINER | \$505 |

NAME

ADDRESS

CITY STATE ZIP

TEL

EMAIL

**IF YOU ARE UNDER 30 YEARS OF AGE, PLEASE INDICATE YOUR BIRTHDATE
TO BE ELIGIBLE FOR THE BRUCE ADAMS EXTEMPORAL AWARD:**

MONTH DAY YEAR

☐ My employer has a matching gift program and I am enclosing
the appropriate form.

Hallwalls THANKS YOU for your continued support.