

***Celebrating Arts & Culture - Enriching Community***

**MEMBERSHIP APPLICATION FORM**

**(Annual Membership May 1-April 30)**

**Please “click” on the box representing the appropriate Membership classification you are purchasing:**

**One Application per Classification**

**Individual Member Member Group - one vote/group Associate Member - non-voting Affiliate Member**

 [ ]  $15 - 17yrs & under [ ]  $35 <=10 group members [ ]  $50 Non-profit e.g. music/dance teaching studio non-voting one vote/studio

[ ]  $20 - 18yrs & over [ ]  $50 > 10 group members [ ]  $100 - Business [ ]  $35

 voting

**Please complete the following for Individual Membership:**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

**Address** Click here to enter text.Click here to enter text.

 **Street Address 1 Street Address 2**

Click here to enter text.Click here to enter text.Click here to enter text.

 **Town Province Postal Code**

**Contact:** Click here to enter text.Click here to enter text.Click here to enter text.

 **Telephone Number Cell Number Email Address**

**Please complete the following for Member Group Membership or Affiliate Member:**

**Member Group Name / Affiliate Member Name:** Click here to enter text.

**Number of Members in Group:** Click here to enter text.

**Primary Contact Information:**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

**Address** Click here to enter text.Click here to enter text.

 **Street Address 1 Street Address 2**

Click here to enter text.Click here to enter text.Click here to enter text.

 **Town Province Postal Code**

**Contact:** Click here to enter text.Click here to enter text.Click here to enter text. **Telephone Number Cell Number Email Address**

**Please complete the following for Associate Member Membership:**

**Associate Member Name / Business Name:** Click here to enter text.

**Number of Members in Group:** Click here to enter text.

**Only if applying on behalf of an Associate Group**

**Primary Contact Information:**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

**Address** Click here to enter text.Click here to enter text.

 **Street Address 1 Street Address 2**

Click here to enter text.Click here to enter text.Click here to enter text.

 **Town Province Postal Code**

**Contact:** Click here to enter text.Click here to enter text.Click here to enter text.

 **Telephone Number Cell Number Email Address**

**Please “click” on the box representing your Payment Option:**

[ ] **Cheque** [ ] **Cash** [ ] **eTransfer**

**Cheque Payment: Make Cheques payable to OSOYOOS AND DISTRICT ARTS COUNCIL (O.D.A.C.)**

**Submit a copy of this completed form with payment BOX 256**

 **OSOYOOS, BC V0H 1V0**

**Cash Payment: Please make all cash payments at The Art Gallery Osoyoos**

**Submit a copy of this completed form with payment 8714 Main Street**

**please stipulate that it is for an O.D.A.C. membership Osoyoos, BC V0H 1V0**

**eTransfer: Please email transfer to** **odacca2018@gmail.com**

**Include a scanned copy of this completed form with your eTransfer**

**O.D.A.C. is always looking for individuals interested in assisting with the Arts. If you are interested, and are a member in good standing (membership dues paid in full), then we would like to hear from you. Please complete the following:**

**Yes, I’d like to Volunteer: (Email:** **odacpr@gmail.com** **for more information)**

[ ] **Osoyoos Preforming Arts (OPA)**

[ ] **The ART Gallery Osoyoos Committee (TAGO)**

[ ] **Board Committee - Please circle: Awards Dinner, Membership, Program Development, Website,**

[ ] **Resource Person**

[ ] **Other – Please describe** Click here to enter text.

***Thank you for your interest and involvement with the Osoyoos and District Arts Council.***