



COWICHAN VALLEY ARTS COUNCIL
For the Love of ARTS

2687 James Street
Duncan, B.C., V9L 2X5
(250) 746-1633
cvartscouncil@shaw.ca
www.cowichanvalleyartscouncil.ca

2017 / 2018 MEMBERSHIP

Please print clearly

FIRST NAME		Would you like to receive our newsletters, updates and current information via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LAST NAME		COWICHAN VALLEY ARTS COUNCIL INVOLVEMENT OPPORTUNITIES	
MAILING ADDRESS		Which CVAC opportunities are you interested in?	
Postal Code		<input type="checkbox"/> PORTALS host (2 hours/week commitment) <input type="checkbox"/> 4 hours per month ('on-call' volunteer) <input type="checkbox"/> CVAC Board Membership <input type="checkbox"/> PORTALS individual show <input type="checkbox"/> PORTALS workshop facilitator <input type="checkbox"/> PORTALS group show <input type="checkbox"/> Other:	
PHONE NUMBER		<i>Please mail or drop off application with payment to the address shown at the top of this form. CVAC is located on the main floor of the Island Savings Centre.</i>	
E-MAIL ADDRESS			
WEBSITE ADDRESS			
Do you want your name hyperlinked to this address from the CVAC website? <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICE USE ONLY	
MEMBERSHIP DETAILS	2017 (1 year)	2017 - 2020 (3 years)	MEMBERSHIP PURCHASE DATE
Individual/Supporter	<input type="checkbox"/> \$25	<input type="checkbox"/> \$60	Year Month Day
Group	<input type="checkbox"/> \$45	<input type="checkbox"/> \$100	MEMBERSHIP EXPIRES: <input type="checkbox"/> 31/3/2018 <input type="checkbox"/> 31/3/2020
Student	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30	<input type="checkbox"/> Cash in till
Family	<input type="checkbox"/> \$45	<input type="checkbox"/> \$110	<input type="checkbox"/> Cheque in till Cheque #: _____
OPTIONAL	In what three categories would you or your group like to be listed on our web address?		
	<input type="checkbox"/> Calligraphers	<input type="checkbox"/> Jewellery	<input type="checkbox"/> Music Groups
	<input type="checkbox"/> Ceramists	<input type="checkbox"/> Designers	<input type="checkbox"/> Painters
	<input type="checkbox"/> Fabric Artists	<input type="checkbox"/> Mixed Media	<input type="checkbox"/> Photographers
	<input type="checkbox"/> Glass Artists	<input type="checkbox"/> Multimedia Artists	<input type="checkbox"/> Potters
Are you an experienced instructor in your chosen categories? Which one(s)? _____			<input type="checkbox"/> Printmakers <input type="checkbox"/> Sculptors <input type="checkbox"/> Visual Artists <input type="checkbox"/> Writers/Poets <input type="checkbox"/> Receipt Issued Receipt #: _____ <input type="checkbox"/> Membership Card Issued <input type="checkbox"/> Letter of Welcome Issued
I agree that Cowichan Valley Arts Council (CVAC) may retain and use the above information for purposes relating to this membership.			ADDITIONAL COMMENTS OR DETAILS
Signature: _____			HOST
Year Month Day			