

## Shasta County Arts Council

### Membership Form

Name	
Address	
City/State/Zip	
Phone	
Mobile Phone	
Email	
Level of membership (please circle one)	
Individual	<b>\$25</b>
Full-Time Student/Senior (62+)	<b>\$15</b>
Family	<b>\$35</b>
Non-Profit Organization	<b>\$40</b>
Patron	<b>\$75</b>
Sponsor (include business card)	<b>\$150</b>

**Your membership is tax deductible**

My Check is Enclosed  *Check payable to Shasta County Arts Council*

Charge to my  Visa/MC Acct. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address on card  same as above

If different from above \_\_\_\_\_

**Instructions:**

Print out this form, fill it out and mail it to

**Shasta County Arts Council**

**1313 Market Street, Redding, CA 96001**

Phone: (530) 241-7320

FAX: (530) 225-4455

e-mail: [shastart@shastaartscouncil.org](mailto:shastart@shastaartscouncil.org)

**Online payments are also accepted.**