

THE BOWEN
Center for the Arts

2018 MEMBERSHIP FORM

Name: (include spouse if applicable) _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Membership provides notice of all Bowen sponsored events.

Membership Levels – Please check membership level at which you wish to join (Student membership free):

- | | | | | | |
|--------------------------|-------|---------------------|--------------------------|--------|------------------|
| <input type="checkbox"/> | \$50 | <i>Picasso</i> | <input type="checkbox"/> | \$1000 | <i>Van Gogh</i> |
| <input type="checkbox"/> | \$100 | <i>Cezanne</i> | <input type="checkbox"/> | \$5000 | <i>Rembrandt</i> |
| <input type="checkbox"/> | \$250 | <i>Renoir</i> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | \$500 | <i>Michelangelo</i> | <input type="checkbox"/> | ----- | <i>Other</i> |

Special member discounts offered on selected Events.

Additional Information:

____ Artist (For inclusion on website, send bio and up to 7 JPGS of artwork. Medium: _____)

Website: _____

____ Bowen Volunteers. (Include me on a Volunteer Listing)

____ Scholarship (I would like to sponsor a scholarship in the amount of \$ _____)

- Please return this form and donation to :
 - **The Bowen**
PO Box 849
Dawsonville, GA 30534
- Make checks payable to **The Bowen**
- Method of Payment: CASH _____
CHECK _____
CHARGE: online www.bowenarts.org or at The Bowen

DCAC d/b/a The Bowen Center for the Arts is a registered 501(c)(3) organization and your membership and/or donation may be tax deductible. Thank you for your support of the Arts in our community. Please encourage friends to also support the Arts.

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Post Office Box 849, Dawsonville, GA 30534 ~ 706.216.ARTS(2787) ~ www.bowenarts.org