



Davis Art Center Membership Form

Date _____
 Membership effective for one year.

Supporting Members

- University Student / Senior (60 yrs.)
- Individual
- Family
- Patron

Benefits:

- \$20 } • \$10 discount on all classes
- \$30 } • Quarterly class catalog
- \$50 } Same as above plus:
- \$250 } • Two complimentary tickets to an event of your choice.
- } • Personal invitation to Gallery receptions.
- } • Recognition of support in Class Catalog.

Voting Members

Please note: A voting member category is added to comply with State regulatory quorum requirements. If you wish to actively participate in voting on pertinent issues, we welcome you to become involved to the extent necessary to be an informed voter, attendance may be required. Supporting members (above) do not have voting obligations.

- Voting Member*

- \$75 • Quarterly class catalog
- Personal invitation to Gallery receptions.
- Fulfills quorum responsibilities by active participation in all aspects of the Davis Art Center in which a vote is required.

* Your participation in one of the supporting categories is also welcome.

Name _____
 Address _____
 City / State / Zip _____
 Phone (day) _____ (evening) _____ E-mail _____

For complete registration information see page 2



Davis Art Center Class Registration (please fill out form completely and legibly)

Date _____

1919 F. St. / P.O. Box 4340, Davis, CA 95617, (530) 756-4100 / (530) 756-3041 fax, e-mail: davisart@dcn.org

Member (New Renewal)

Non-member

Parent Name (student name for adult classes) _____

Address _____ City _____ State _____ Zip _____

Phone _____ (cell or emergency, name and #)

e-mail address _____

Student name	Child's Age	1st Choice (Section #)	Fee (First Choice)	2nd Choice (Section # and Title)	3rd Choice (Section # and Title)

Membership payment included: Family \$50 Individual \$30 Patron \$250
 University Student / Senior \$20

Does the student have any special needs?
 If so, please describe: _____

Membership payment _____

Payment (circle one): Check - Cash - Credit Card **Total payment** _____

Cardholder name (print) _____ Cardholder signature _____ Master Card / Visa _____ Card # _____ Expiration date _____

FOR OFFICE USE ONLY: Book Computer

Registration form