

SOLANO COUNTY ARTS COUNCIL

Yes, I would like to help the Solano County Arts Council to build and enhance our community while nurturing excellence in the arts and culture.

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

My E-mail/web address _____ other _____

Signature _____ Date _____ (renews each year on this date)

(please make checks payable to Solano County Arts Council all payments are tax deductible)

Membership Categories

____ \$10 Unemployed

____ \$10 Student

____ \$10 Senior (60+)

____ \$20 Individual / \$15 first year

____ \$35 Family/ \$30 first year

____ \$50 Business or Nonprofit or Trade Out

Additional Fund Contributions (Over and Above Membership) _____ \$ _____

I am interested in: Literary/Poetry __ Visual__ Performing __ Music__ Film__ Other__

Volunteering or Would like to just be a member to support the Arts__

Please send this membership form along with check to:

SOLANO COUNTY ARTS COUNCIL P.O. BOX 869 Vallejo CA 94590

For more information please email solanocountyarts@gmail.com

Thank you for your support - Please recycle this paper