



MEMBERSHIP APPLICATION & RENEWAL

ANNUAL DUES PAYABLE TO VACAVILLE ART LEAGUE

First & Last Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ ZIP Code _____ Email _____

Please choose one annual¹ membership type:

<input type="checkbox"/> \$30 Young Adult membership (16-25) ²	<input type="checkbox"/> \$75 Family membership ³
<input type="checkbox"/> \$30 Gift Shop membership	<input type="checkbox"/> \$100 Patron membership
<input type="checkbox"/> \$30 Non-exhibiting membership	<input type="checkbox"/> \$500 Lifetime membership
<input type="checkbox"/> \$60 Exhibiting membership ⁴	<input type="checkbox"/> \$750 Family Lifetime membership

¹The gallery's fiscal year ends June 30th.

New membership fees will be pro-rated accordingly. A full year's membership rate applies to late renewals.

²Young adults under the age of 18 must have their application signed by a parent or guardian.

³A Family membership includes any family member, aged 16 or older.



⁴ **Exhibiting members, please read and initial:** All work is subject to screening and acceptance prior to hanging or displaying in the Gallery. As a member of the Vacaville Art League & Gallery, I understand that the Vacaville Art League & Gallery will not be liable for theft, loss or damage which may occur to my work while displayed, stored, or exhibited at the Gallery or any League-sponsored event or activity outside the Gallery. I understand the Vacaville Art League & Gallery does not carry insurance to cover my artwork. Insurance coverage for my work will be my sole responsibility. Artist's Initials _____

As a member of the Vacaville Art League & Gallery, I give my permission to use:

- My phone number and e-mail for the Vacaville Art League & Gallery directory? yes no
- Photos of my artwork on the Gallery website, Facebook, newsletter and other Gallery publications. yes no

I am interested in volunteer opportunities:

- Gallery Front Desk / Gift Shop Special Events Publicity / Fundraising



Please date & sign your application:

Date: _____ Signature: _____

OFFICE USE ONLY:

Welcome Packet Mailed _____ Fiscal Year _____ Renewal _____ New _____

Paid \$ _____ Cash _____ Credit Card _____ Check # _____ Receipt # _____