Name(s):

Email:

Address:

Phone:

**Membership Type:**

[ ]  Individual ($25)

[ ]  Family ($35)

Please list included family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Business ($60)

Would you be interested in serving as the North East Arts Council Board?

[ ]  **Yes** [ ]  **No** [ ]  **Maybe, but I would like to speak with someone first**

Have you attended a class presented by the North East Arts Council before? [ ]  **Yes** [ ]  **No**

If yes, please list your favorites:

Would you be interested in teaching a class? [ ]  **Yes** [ ]  **No**

I would be interested in volunteering for: [ ]  **Special Events** [ ]  **Classes**

Would you be interested in participating in a gallery show? [ ]  **Yes** [ ]  **No**

Please mail completed form with payment to:

**NEAC, P.O. Box 662, North East, PA 16428**