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**