



WEST PRINCE ARTS COUNCIL MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____ FAX #: _____

EMAIL: _____ WEBSITE: _____

DISCIPLINE: _____

I DO _____ DO NOT _____ GIVE MY CONSENT TO HAVE THE ABOVE INFORMATION INCLUDED
IN THE ARTISTS' DIRECTORY ON THE WPAC WEBSITE.

SIGNATURE: _____ DATE: _____

COMMENTS: _____

MEMBERSHIP FEE (check one): INDIVIDUAL-\$10 ACTIVE CULTURAL GROUP-\$25

PATRON OF THE COUNCIL-\$25 CORPORATE SUPPORTERS-\$25

CHEQUE PAYABLE TO: WEST PRINCE ARTS COUNCIL

MAIL TO: WEST PRINCE ARTS COUNCIL

C/O GLENNIS BOWSER

728 MURRAY ROAD RTE 17

ELLERSLIE, PE C0B 1J0

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