



## **MEMBERSHIP OPPORTUNITIES:**

By supporting the ACS, your contribution promotes a vibrant, creative community that inspires a life affirming appreciation of and support for the arts. Your support is vital to our organization's ability to offer educational and vocational programs that advance the artistic and cultural value of craft. The ACS is a 501.c.3 educational nonprofit corporation, and all donations to the School are tax deductible to the extent allowed by law. We appreciate your support.

### **Please select the contribution level that's right for you:**

#### **-Individual - \$54 annually or \$4.50 monthly**

Receive monthly E-newsletter of upcoming events  
Listed as a contributor in the annual fall GALA program

#### **-Family - \$78 annually or \$6.50 monthly**

Up to 3 members of a family unit  
10% off all classes  
*Plus all prior level rewards*

#### **-Friend to the Arts- \$150 annually or \$12.50 monthly**

10% off all classes, merchandise, studio passes.  
Invitations to special events, lectures  
*Plus all prior level rewards*

#### **-Patron of the Arts - \$500 annually**

Listed as a Patron on our website  
*Plus all prior level rewards*

#### **-Benefactor \$1,000 or more annually**

Two free tickets to the annual fall GALA  
Individually designed promotion on our website  
Additional promotion in other publications  
*Plus all prior level rewards*

# MEMBERSHIP FORM

I wish to become a member of the Arkansas Craft School at the \_\_\_\_\_ level.

I will pay recurring monthly dues of \$\_\_\_\_\_ paid in a subscription via PayPal  
-or-

Yearly dues of \$\_\_\_\_\_ paid via PayPal, credit card, check, or bank draft.

Please select one

Check Enclosed

Please e-mail instructions and a secure link for payment via PayPal or credit card

I will have my banker, stock broker, financial planner or other agent contact you

Name\_\_\_\_\_

Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_

E-mail (required for PayPal or credit card) \_\_\_\_\_

Referred by: \_\_\_\_\_

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

ACS Representative

\_\_\_\_\_

Date

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**Please return this form to:**

Arkansas Craft School  
101 N. Peabody Ave.  
Mountain View, AR 72560

If you have any questions, please contact us.

[www.arkansascraftschool.org](http://www.arkansascraftschool.org)

[arkcraftschool@gmail.com](mailto:arkcraftschool@gmail.com)

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