

Membership Application Form

Name(s)

Mailing Address

E-mail Address

Membership Levels

Household Membership (\$50) _____

Individual Membership (\$35) _____

Tax deductible donation of \$ _____

(All memberships are tax deductible.)

I would like to become involved in the following:

- Programs for children
- Summer concerts
- Poetry and writing
- Drawing and painting workshops
- Piano competition
- Housing piano contestants
- Culinary Classes
- 2011 Quilt Show

Complete and mail the form to:

CVAC
P.O. Box 848
Cape Vincent, NY 13618

A 501 (C) (3) Corporation
Federal ID #16-1529556