



Membership Application Form

Member Name: _____

Organization/School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Please check the category in which you are applying:

- Individual Membership (\$20).
- Family Membership (\$40).
- Corporate Membership (\$75).
- Arts Educator (No Charge) School: _____

I am interested in helping with the following: (Check all that apply)

- Alabaster CityFest Volunteer
- Alabaster CityFest Planning Committee
- Empower Program Volunteer (Therapeutic Art)
- Programs Volunteer (Fundraisers, etc.)
- School Ambassador

Applicant's Signature _____ Date _____

Submit Application to:
Alabaster Arts Council
1109 First Avenue South • Alabaster, AL 35007

Make checks payable to:
Alabaster Arts Council