

MEMBERSHIP APPLICATION

Please complete the application, include your check for \$35 made out to "Waxhaw Arts Council" and bring to a WAC meeting or mail it to:

WAC Membership Attn: Bonnie Rusinko 2501 Providence Rd S Waxhaw, NC 28173 For convenience, we accept ZELLE waxhawartscouncil@gmail.com
Make sure you still send us your info!



Amount

PLEASE PRINT

NEW MEMBER RENEWAL	DATE:
NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP:	
TEL:	<u> </u>
EMAIL:	
WEBSITE:	
ART MEDIUM(S):	
BIRTHDAY (Month & Day only):NAME OF SPOUSE:	
Your special talents, expertise or abilities that may be ber	
COMMITTEES: Circle at least <u>one</u> committee EXHIBITS:	e you would be interested in Chairing or Assisting Exhibits
Members' Show	Social Events
McDowell (Matthews)	PROGRAMS (Presentations, Demos, Workshops)
Kaleidescope Fest	SOCIAL MEDIA/PUBLICITY/ADVERTISING
Mini Masters	VOLUNTEER COORDINATOR
Maxwell's Window	COMMUNITY OUTREACH
KALEIDOSCOPE (Work with Town of Waxhaw)	STORAGE/SUPPLIES
*The Waxhaw Arts Council (WAC) is a 5	601(c) (3), Non-Profit Corporation
*Meetings are first Tuesdays of the mon	nth 6:30PM Atrium Waxhaw Community Room
*Website: www.waxhawartscouncil.org	g FB: Waxhaw Arts Group Page
*WAC Communication(s) to Members is	sent via email
For Membership Use:	

Check Number_____ Date____