



Membership Form

TODAY'S DATE: _____

Name: _____ Year of Birth: _____

Address: _____

City/State/Zipcode: _____

Email: _____

Best daytime phone: _____

I am interested in (mark all that apply):

Classes/Workshops in Visual Arts Concerts Gallery Events

I'd like to see Windsor Art Center Offer: _____

Individual Membership (\$30.00) Family Membership (\$50.00)

Credit Card Information (or make check payable to "Windsor Art Center")

Card Number: _____ CCV: _____

Cardholder: _____ Exp: _____

Signature of cardholder: _____

Refer a friend, colleague or sponsor – we love to meet new people!

What's in it for you? A \$15 dollar gift card to the Windsor Art Center Gift Shop, if your referral becomes a NEW Windsor Art Center member!

Name of friend or business: _____

Email or best contact: _____

FOR OFFICE USE

Date of Membership: _____

Check No. _____

Membership No. _____

Our Mission: The Windsor Art Center celebrates creativity and inspires an appreciation for diverse artistic cultures by showcasing the visual and performing arts.

Windsor Art Center | 40 Mechanic Street, Windsor CT 06095 | 860 688 2528
Exhibition Hours | Thursday... 6-8pm | Saturday... 10am-4pm | Sunday... 11am-4pm

Visit windsorartcenter.org