



Business Membership Form

Today's Date: _____

Contact Name: _____

Business Name: _____

Address: _____

City / State / Zip _____

Phone: _____

Email: _____

We are interested in (mark all that apply):

Classes / Workshops in Visual Arts / Members' Exhibit

Concerts Gallery Events

Business Membership (\$100)

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

Card Number: _____ CCV: _____

Cardholder: _____ Exp: _____

Signature of cardholder: _____

Refer a business – we love to meet new people!

What's in it for you? A \$25 dollar gift card to the Windsor Art Center Gift Shop.

Name of 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