



Membership Form

Please fill out the form below and mail along with your payment to:
Gardner Area League of Artists, PO Box 664, Gardner MA 01440

Date _____
Name _____
Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____
Website and/or Facebook page _____

1. Please tell us a little about yourself:

- Artist Musician Writer Performer Photographer
 Artisan Supporter of Arts

2. How did you hear about GALA?

- Internet Search Newspaper E-Newsletter Brochure Friend Other

3. Please choose membership type:

- \$25 Individual \$35 Family \$15 Senior (65+ yrs.) \$15 Student

4. **Would you like to volunteer:** Yes Not at this time Call me

5. **Would you like to teach a class or workshop?** Yes

Membership	\$ _____
Donation to our Arts Gallery Project Fund	\$ _____
Donation to GALA General Fund	\$ _____
Donation to High School Senior Scholarship Fund	\$ _____
TOTAL	\$ _____

Check# _____

Make checks payable to GALA

Thank You!

Main Website: galagardner.org

Facebook: www.facebook.com/galagardner

Email: info@galagardner.org