



VAC Staff Use Only:
 New ____ Renewal ____
 Today's Date _____
 Old End Date _____
 New End Date _____
 Card Issued _____
 Receipt No. _____
 VAC Initials _____

Member's Application

YES! I would like to be a member of the Venice Art Center

The Course Guide is mailed in AUGUST. Please put that address first.
No Canadian addresses please. The Venice Art Center does not process mail to Canada.

Name _____

The Course Guide is mailed in AUGUST to your PERMANENT ADDRESS.

AUGUST/Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

LOCAL/Alternate Address _____ **Dates:** _____

City/State/Zip _____

TYPE OF MEMBERSHIP – Please circle one

- Individual - \$65
- Student (21 & under) - \$20
- Couple/Partner - \$75 Name _____
- Family - \$100 (2 Adults & Children 18 & under)

PAYMENT METHOD – Please check one

- Cash
- Credit Card/Type _____
- Check
- Debit Card

MAILING FORM IN? If paying by Credit Card, PLEASE COMPLETE THIS SECTION.

Credit Card Number: _____ 3-digit CVC # _____

Expiration Date: _____ Signature: _____

Please complete this form and send with your remittance to:
 Venice Art Center, 390 Nokomis Ave South, Venice, FL 34285
 If you have any questions, please call us at **941-485-7136** or visit our website at www.VeniceArtCenter.com