



MEMBERSHIP FORM

Your contribution to **Watershed Arts Alliance** is appreciated. All contributions are tax deductible.

Single Membership: **\$25.00**

Family Membership: **\$35.00**

Corporate Membership: **\$200.00**

You will receive event information and updates on **Watershed** activities.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

*Please check this box if you would like to be notified by email about upcoming **Watershed Arts Alliance** events.*

Amount enclosed: \$ _____

Please mail this completed Membership Form with your check to:

Watershed Arts Alliance
501 Ogden Street
Somerset, KY 42501-1739