



PO Box 303, Harrisonburg, VA 22803 • spitzerdirector@gmail.com • spitzerartcenter.org

Membership Application

Name _____ Today's date _____

Address _____

Phone number(s) _____

Email _____

	Member level	
	\$ 25 per year	Student
	\$ 36 per year	Standard member benefits
	\$ 60 per year	Family membership
	\$ 100 per year	Corporation
	\$ 250 per year	Patron

Please write your check to Rockingham Fine Arts Association. Mail your check and this application to the address listed at the top of this page. If you have any questions, email us at spitzerdirector@gmail.com

Are you an artist? If so, what's your medium? _____

Are you a local business owner? _____

Are you interested in occasionally volunteering at Spitzer Art Center? Or serving on the Board of Directors? Please check any of the committees you'd be interested in helping:

___ Fundraising and Grants

___ Exhibitions

___ Membership

___ Education and Programs

___ Hospitality

___ Public Relations and Marketing