

# Art League of Highlands-Cashiers

## 2022 Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Check membership type: Individual  Couple  Business

Spouse/Partner name, if couple membership \_\_\_\_\_

Summer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Winter Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Web Site \_\_\_\_\_

Please check if you are an Exhibitor  If so, in what medium do you work? \_\_\_\_\_

All members have the opportunity to share their talents in support of the Art League. If you wish to donate some of your time, please check below all items that might be a good fit for you.

**Shows:** Help with setup and takedown  Help with show planning and administration

**Programs:** Help find presenters for monthly meetings

**Membership:** Help with maintaining membership roll, member contact

**Hospitality:** Help with providing or setup of meeting refreshments

**Publicity:** Help with writing articles for local publications

**Children's Programs:** Help with Children's Summer Art Camp

**Board:** Willing to serve on the ALHC Board

**Website:** Help maintain the ALHC website

**Newsletter:** Help prepare and distribute the ALHC Monthly Newsletter

**Other:**  Please specify -----

Please make check payable to ALHC for \$40 (Individual) \$70 (Couple) \$100 (Sponsor), or  
Provide debit or credit card information (\$2.50 convenience fee will be added to above amounts):

Card number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration month/year \_\_\_\_/\_\_\_\_

Billing zip code \_\_\_\_\_

Send application and payment to:

ALHC  
P.O. Box 2133  
Highlands, NC 28741