



CONTEMPORARY ART CENTER of VIRGINIA MEMBERSHIP APPLICATION

Join CAC Today! (Just print-out and use this easy mail/e-mail-in form.)

NAME of Member(s) _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE#: (H) _____ (W) _____

Membership Levels:

- ___ \$ 50 Individual
___ \$ 65 Household
___ \$ 125 Associate
___ \$ 250 Patron
___ \$ 500 Donor
___ \$ 1,250 Collector's Circle
___ \$ 2,500 Chairman's Circle

(CAC offers discounted memberships with LIMITED benefits. Call Margie Donovan at 757.425.0000x19 for more info!)

Payment: ___ Check (made payable to CAC) ___ Credit Card ___ Visa ___ Master Card

Charge Account Number _____ Exp Date _____
Your Signature _____

Is this a new membership or a renewal? ___ new ___ renewal

Is this a gift? If YES, please provide your name and address below.

PERSON GIVING GIFT:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

Snail Mail To:
Contemporary Art Center of Virginia
c/o Margie Donovan
2200 Parks Avenue
Virginia Beach, VA 23451

E-MAIL:
Margie Donovan
Margie@cacv.org

