



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

MEMBERSHIP LEVELS:

_____ Friend (Individual) \$25 _____ Friend Plus (Household/immed. family) \$45

_____ Sponsor (\$75) _____ Benefactor (\$125)

_____ I would like to make a one time contribution of \$ _____

****Memberships are good for one calendar year: January-December. Benefits include discounted ticket pricing and an invitation to QVAA's annual member meeting/appreciation dinner.***

Corporate Name: _____

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Which name would you prefer to appear in our programs?)

Corporate Name My Name

New Corporate Sponsor Corporate Sponsor Renewal

Silver Sponsor (\$250) Gold Sponsor (\$500) Platinum Sponsor (\$1000)

****Corporate ad/logo will be included in all show programs for the year with a Silver, Gold or Platinum sponsorship.*** _____

Please make checks payable to: QUINCY VALLEY ALLIED ARTS

Mail form with payment to:

**QVAA
P.O. Box 1056
Quincy, WA 98848**

THANK YOU FOR YOUR SUPPORT OF THE ARTS!