

# MEMBERSHIP APPLICATION

## Membership Level:

- STUDENT MEMBERSHIP \$25     PARTNER MEMBERSHIP \$500  
 INDIVIDUAL MEMBERSHIP \$50     BUSINESS MEMBERSHIP \$1,000  
 FAMILY MEMBERSHIP \$100     LIFETIME MEMBERSHIP \$2,000  
 ADVOCATE MEMBERSHIP \$250

## Primary Member or Business

**Secondary Members** (Family, Advocate, Partner, Business & Lifetime Members. Please include email addresses.)

## Mailing Address

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

\_\_\_\_\_  
Phone Cell

\_\_\_\_\_  
Email

\_\_\_ I Want To Donate My Time To Help Arts & Culture In Acadiana. Please Contact Me For Volunteer Opportunities.

## Preferred Method Of Payment:

\_\_\_ Check Made Payable For Full Membership To Acadiana Center for the Arts

\_\_\_ Charge 12-Monthly To The Account Below On The \_\_\_ Day Of Each Month

\_\_\_ Charge My Full Membership To The Account Below

**Credit Card Type:** \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Name On Credit Card

## Physical Address

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

\_\_\_\_\_  
Credit Card Number Expiration Date

\_\_\_\_\_  
For Checks Account Number

\_\_\_\_\_  
Bank Routing Number

I (we) authorize the Acadiana Center for the Arts (ACA) to initiate debit entries to the above account. Agreement herein will remain in full effect until the ACA has received a written notification of termination from me (or other of us) in a manner affording ACA and said bank a reasonable opportunity to act on it.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PLEASE SIGN AND RETURN THIS FORM WITH PAYMENT (IF APPLICABLE) TO:

THE ACADIANA CENTER FOR THE ARTS  
101 WEST VERMILION ST.  
LAFAYETTE, LOUISIANA 70501