

THE LINDSAY GALLERY
for the Art in Everyone

WELCOMES A NEW MEMBER

PLEASE PRINT

Date _____

NAME _____ PHONE: RES _____

Full Mailing ADDRESS: _____ BUS _____

PLACE _____ POSTAL CODE _____ FAX _____

EMAIL _____ Please send mailings via email: ___ Yes ___ No

Disclosure of Personal Information: I agree to have my contact information published for internal use by The Lindsay Gallery and its members. I understand that the Lindsay Gallery will only use or disclose personal information regarding members, in accordance with the Gallery's Privacy Policy and will not sell or otherwise disclose personal information.

(signature of new member)

MEMBERSHIP CATEGORIES AND FEES – effective April 1, 2008

Family, 1 or 2 adults at same address

includes all children under 18 years \$40

MEMBERSHIP AMOUNT \$ _____

Individual (adult) \$25

DONATION AMOUNT * \$ _____

Senior (age 60+) \$20

*Tax receipts issued at year-end
for gifts of \$10 or more. Thank you.

Student: (full-time) \$15

TOTAL \$ _____

Donor Categories Cash Donation Amounts

Exhibition Sponsors \$5000, \$2,500 and \$1,000

Exhibition Patrons \$500, \$250 and \$100

Art Programming \$2,500 and \$1,000

Donor Wall recognition \$100 and up

Payment made by: ___ Visa
___ MasterCard
___ Cash
___ Cheque

Make Cheques Payable to: **The Lindsay Gallery Inc.**

MEMBER BENEFITS include: Quarterly Newsletter, Invitations to Openings and special Gallery events,
Voting Privileges at Annual General Meeting, 10% Discount on purchases from Gallery Showcase
Discount Fee for Art Class and Workshop registrations
Plus free and/or discounted admission fees at other OAAG member galleries

___ I'd like to be an active **Volunteer**. Please have a Volunteer Coordinator call me.

Are you an **Artist**? ___ Yes ___ No Would be you interested in Instructing? ___ Yes ___ No

Thank you for supporting THE LINDSAY GALLERY
The Lindsay Gallery, 190 Kent St. West, Lindsay, ON K9V 2Y6
Phone: 705-324-1780 Fax: 705-324-934