



COWICHAN PUBLIC ART GALLERY

COWICHANGALLERY.ca

Membership sign-up form

General (\$25/year) Business (\$150/year) VIP (\$300/year)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Please circle: I would like to receive the monthly CPAG newsletter.

YES NO

I am interested in Docent (Interpreter) training.

YES NO

I am interested in volunteering with CPAG in another capacity.

YES NO

Paid by **cash**, **debit card** or **credit card** (please circle which one).

\$ _____ received on: _____ by: _____