

## **2023 MEMBERSHIP APPLICATION**

Date:	
Name:	
Name of bu	usiness if applicable:
Address: _	
City:	State: Zip Code:
Phone:	Email:
Website (if	f applicable):
Type of Ar	twork:
	My \$35.00 associate artist membership dues are enclosed
	I am enclosing an additional gift donation in the amount of \$
	to help the Alliance advance the arts in the community
	I am interested in volunteering for the Hamburg Area Arts Alliance
	Return this form and payment to:
	Our Town Foundation
	320 State Street
	Hamburg, PA 19526
Т	Thank you for supporting the arts in your community
	OUR MISSION

The Hamburg Area Arts Alliance of Our Town Foundation was organized to support and showcase local artists and to advance the awareness of arts in the community

## FOR OFFICE USE ONLY

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