



**Board Members**

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MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEMBERSHIP DONATION: \_\_\_\_\_

\$25-INDIVIDUAL  
\$35-FAMILY  
\$100-FRIEND  
\$250-PATRON  
\$500-BENEFACTOR

Make Checks Payable to: Lycoming Arts

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\_\_\_\_\_ I would like to VOLUNTEER. Please contact me about varied opportunities.

Please email any questions to: [lycoartsalliance@gmail.com](mailto:lycoartsalliance@gmail.com)