



WASAGA SOCIETY FOR THE ARTS

VOTING (CLASS A) MEMBERSHIP APPLICATION FORM FOR PATRONS OF THE ARTS

SUBMIT FORM ONLINE AT WWW.WASAGASOCIETYFORTHEARTS.CA, OR IN PERSON AT THE STONEBRIDGE ART GALLERY,
(#8, 1 MARKET LANE, WASAGA BEACH, ON), OR BY EMAIL TO PRESIDENT@WASAGASOCIETYFORTHEARTS.CA.

BENEFITS:

- BE AN INSPIRING VOICE TO ADVANCE THE WSA'S MISSION
- SPONSOR ARTISTS' WORK
- BE A VOTING MEMBER WITH THE RIGHT TO PROVIDE INPUT
- ATTEND MEET-UPS AND RECEPTIONS
- RECEIVE EVENT DISCOUNTS

INDIVIDUAL / ORGANIZATION NAME: _____

MAILING ADDRESS: _____

WEBSITE: _____

CONTACT NAME: _____ POSITION: _____

PHONE: _____ EMAIL: _____

MY PRIMARY MOTIVATION FOR APPLYING FOR MEMBERSHIP IS THE WASAGA SOCIETY FOR THE ARTS IS: _____

INTERESTED IN: _____ APPLYING TO SERVE ON THE BOARD: ☐ EXTRA DONATION: \$ _____

HOW DID YOU HEAR ABOUT THE WASAGA SOCIETY FOR THE ARTS?

SOCIAL MEDIA WEBSITE GALLERY FRIEND/FAMILY OTHER: _____

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ADD ME TO THE NEWSLETTER. I CAN OPT OUT ANYTIME.

I HEREBY MAKE APPLICATION FOR CLASS A (VOTING) MEMBERSHIP IN THE WASAGA SOCIETY FOR THE ARTS FOR THE YEAR(S) SELECTED BELOW. I ACKNOWLEDGE THAT CLASS A MEMBERSHIP IS SUBJECT TO APPROVAL BY THE SOCIETY'S BOARD OF DIRECTORS AND THAT CLASS A MEMBERSHIP DUES ARE \$50 ANNUALLY (PRORATED AT \$12.50 PER QUARTER) AND MUST BE PAID IN ADVANCE TO REMAIN IN GOOD STANDING. ADDITIONALLY, IF APPLICABLE, I DECLARE THAT I HAVE AUTHORITY TO BIND THE ORGANIZATION.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ MEMBERSHIP TERM (CHECK AS APPLICABLE):

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2026

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2027

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2028

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2029

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2030

OFFICE USE ONLY

RECRUITED BY: _____ TOTAL DUES COLLECTED: _____

APPLICATION PROCESSED BY: _____ DUES COLLECTED BY: _____

APPLICATION APPROVAL DATE: _____ DATA ENTRY COMPLETED ON: _____

WELCOME PACKAGE (LETTER, DUES RECEIPT & WSA STICKER) MAILING DATE: _____

Patron of the Arts