WASAGA SOCIETY FOR THE ARTS

NON-VOTING (CLASS B) MEMBERSHIP REGISTRATION FORM FOR ARTISTS AND ARTS GROUPS

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:

- *RECEIVE EVENT DISCOUNTS*
- *SUBMIT YOUR WORK FOR REVIEW*
- *GET CONNECTED WITH RESOURCES, VENUES, WORKSPACES AND PROGRAMS*
- *PROMOTING OF YOUR SHOWS AND EVENTS*
- *ATTEND MEET-UPS AND RECEPTIONS*

ARTS GROUP NAME: _____

YOUR ARTS SECTOR (CHECK ALL THAT APPLY)

- ☐ LITERARY ARTS
- ☐ MEDIA ARTS:
  - ☐ FILM
  - ☐ PHOTOGRAPHY
  - ☐ VIDEO
- ☐ VISUAL ARTS:
  - ☐ DRAWING
  - ☐ PAINTING
  - ☐ SCULPTING
- ☐ CULINARY ARTS
- ☐ PERFORMING ARTS:
  - ☐ DANCE
  - ☐ MUSIC
  - ☐ THEATRE
- ☐ PRACTICAL ARTS: _____

CONTACT INFORMATION:

ARTIST/APPLICANT'S NAME: _____ POSITION (OR N/A): _____

PHONE(S): _____ EMAIL: _____

MAILING ADDRESS: _____

WEBSITE: _____

INTERESTED IN: APPLYING TO PERFORM/SHOW ARTWORK: ☐ JOIN A COMMITTEE: ☐ VOLUNTEER OPPORTUNITIES: ☐

I HEREBY MAKE APPLICATION FOR NON-VOTING (CLASS B) MEMBERSHIP IN THE WASAGA SOCIETY FOR THE ARTS FOR THE YEAR(S) SELECTED BELOW. I ACKNOWLEDGE THAT CLASS B MEMBERSHIP IS FREE AND SUBJECT TO APPROVAL BY THE SOCIETY'S BOARD OF DIRECTORS. ADDITIONALLY, IF APPLICABLE, I DECLARE THAT I HAVE AUTHORITY TO BIND THE ORGANIZATION.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ ☐ ADD ME TO THE NEWSLETTER. I CAN OPT OUT ANYTIME.

OFFICE USE ONLY

RECRUITED BY: _____ APPLICATION PROCESSED BY: _____

APPLICATION APPROVAL DATE: _____ DATA ENTRY COMPLETION DATE: _____

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

Artist or Arts Group