

Oxford

**ARTS ALLIANCE**  
CULTIVATING COMMUNITY THROUGH THE ARTS



## Membership Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please notify me of volunteer opportunities

FAMILY MEMBERSHIP - \$50

INDIVIDUAL MEMEBERSHIP - \$30

SUSTAINING MEMBERSHIP - \$100

LIFETIME MEMBERSHIP (One time payment) - \$1000

Make checks payable to: **Oxford Arts Alliance**  
Mail to: **P.O. Box 313; Oxford, PA 19363-0313**

FOR OFFICE USE ONLY: Member # \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_ Expiration Date \_\_\_\_\_