

**Arts of the Albemarle
Become a Part of the Center
Membership Donation**

I want to be at the center of this important organization and essential community asset!

Please print legibly.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

_____ Enclosed is a check payable to AOA in the amount of \$ _____

Bill my Credit Card:

Visa Mastercard - Card Number _____ Exp Date _____

Gifts are tax deductible as prescribed by law.

NEW

RENEWAL

Full Time Student \$25

Notice of The Center Exhibits and Events

Supporter \$55

Exhibit Reception Invitations
Annual Membership Gathering
Member Rates
All of the Above

Advocate \$100

Household members included
All of the Above

Patron \$175

10% Discount on all Non-Commission Gallery Items
All of the Above

Enthusiast \$275

Two "Taste of the Albemarle" Tickets
All of the Above

Benefactor \$500 & Up

* Preferred Seating at all AOA Events
* Backstage Pass for a Select AOA Performance
15% Discount on Facility Rental
*2 Tickets to the Designer House Gala
All of the Above
(* does not apply to Encore Events)

For AOA Use

Date Paid: _____ Amount Paid: _____

Method of Payment: _____ Check #: _____

Received By: _____