

MONMOUTH COUNTY ARTS COUNCIL

Application For Student Membership – Calendar Year 2008

STUDENTS NAME _____ DATE OF BIRTH _____

Please check ONE box for preferred mailing address, but complete both for our records: Home School

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

WEB SITE _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

SCHOOL ATTENDING _____

MAJOR FIELD OF STUDY _____

DEGREE BEING SOUGHT _____ EXPECTED DATE OF COMPLETION _____

Please do not include my name on any rented or traded MCAC mail lists. Telemarketing use of mail lists by sources other than MCAC is strictly prohibited.

CHECK THE APPROPRIATE DISCIPLINE WHICH BEST DESCRIBES YOUR SPECIALIZATION:

Creative Writing Dance Music Theater Visual Arts Multi-Disciplinary Other _____

Please list me in the Artist Registry

ANNUAL MEMBERSHIP FEE = \$20.00

I am enclosing my check for \$20 (per year, per student) payable to the Monmouth County Arts Council

CHARGE MY Mastercard Visa American Express

ACCOUNT # _____ EXPIRATION DATE _____

SIGNATURE _____

This is to certify that I am currently enrolled in high school or college and eligible for membership in the Monmouth County Arts Council at the Student Membership level.

SIGNATURE _____ DATE _____