

## **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     SUBMIT YOUR  DISCOUNTS     WORK FOR REVIEW	GET CONNECTED WITH RESOURCES, VENUES, WORKSPACES AND PROGRAMS	● PROMOTING OF YOUR ● ATTEND MEET-UPS  SHOWS AND EVENTS AND RECEPTIONS
ARTIST/ ARTS GROUP NAME:		
Your Arts Sector (CHECK ALL THAT API	PLY)	
☐ LITERARY ARTS	☐ VISUAL ARTS:	☐ PERFORMING ARTS:
☐ Media Arts:	☐ Drawing	☐ DANCE
☐ FILM	☐ PAINTING	☐ Music
□ PHOTOGRAPHY	☐ SCULPTING	☐ THEATRE
☐ VIDEO	☐ CULINARY ARTS	☐ PRACTICAL ARTS:
CONTACT INFORMATION:		
APPLICANT'S NAME:	Positio	on (OR N/A):
PHONE(s):	EMAIL:	
Mailing Address:	<u>O</u>	·
WEBSITE:		
INTERESTED IN: APPLYING TO PERFORM/	SHOW ARTWORK: JOIN A COMM	VOLUNTEER OPPORTUNITIES:
I HEREBY MAKE APPLICATION FOR NON-VOTI	ING (CLASS B) MEMBERSHIP IN THE WASAG	A SOCIETY FOR THE ARTS FOR THE YEAR(S) SELECTED
	· · · · · · · · · · · · · · · · · · ·	PROVAL BY THE SOCIETY'S BOARD OF DIRECTORS.
ADDITIONALLY, IF APPLICABLE, I DECLARE TH	HAT I HAVE AUTHORITY TO BIND THE ORGAI	NIZATION.
APPLICANT'SNAME:	Signa	TURE:
DATE:		
OFFICE USE ONLY		
RECRUITED BY:	APPLICATION	N PROCESSED BY:
APPLICATION APPROVAL DATE:	DATA ENTRY	COMPLETION DATE:

WELCOME PACKAGE (LETTER & WSA STICKER) MAILING DATE: