

# FRIENDS OF RAA APPLICATION FORM



## SUPPORTING CATEGORIES

Circle One

## DONOR CATEGORIES

- Life..... \$ 1000  
 Sustaining.....\$ 500 - \$ 999  
 Sponsor ..... \$ 100      Individual \$ 50      Contributor.....\$ 1,000 - \$ 2,499  
 Student .....\$ 10 (*Students must show valid school ID*)      Benefactor .....\$ 2,500  
 Family .... \$ 50 first family member + \$10/additional member (within same household)

Please fill in your information below and mail this form along with your payment to:

**Redlands Art Association, 215 East State Street, Redlands CA 92373.** Questions? Call the Gallery at 909-792-8435

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Submitting your email address gives us permission to send RAA information via email, as the need arises.

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Your web site: \_\_\_\_\_  Check this box if you do not want your web address on RAA's web site.

I am signing up as:  **Renewing** or  **New Friend of RAA** or  **Art Appreciator & Supporter**

Artists: list the media you work in: \_\_\_\_\_

( Example: oil, watercolor, jewelry, ceramics, etc. List all you do.)

The Association is volunteer run. We rely on the Friends to be our Gallery Docents: greeters and salespeople. You will be asked to be a Gallery Docent, no experience necessary, to assist the Gallery Coordinators. The Gallery is our showcase for sales and art classes. We are all promoting each other, art education and the visual arts in general, to the people of Redlands.

I am interested in:  volunteering  Committee Work  Teaching  Fund Raising  Gallery Docent  As needed

Please apply to: <input type="checkbox"/> Friend of RAA <input type="checkbox"/> Art Center <input type="checkbox"/> Donation <input type="checkbox"/> Margaret Clark Art Education Fund \$ _____ + \$ _____ + \$ _____ + \$ _____ = <b>TOTAL \$</b> _____
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Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge: Debit - Visa - MasterCard - Discovery    Card Expiration Date _____ Card Account Number _____    Signature _____
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Order No. \_\_\_\_\_  renewal  new

2015  consigner