



GALLERY ASSOCIATION

Membership Form

Please circle one: New Renewal Gift

Name: _____
Dr Mr Ms Mrs Miss

Address: _____

Telephone: _____

Email: _____

The names of new members are printed in the quarterly newsletter, *Currents*, to welcome and acknowledge their support. Do you agree to have your name (as written above) published in the newsletter? (Yes or No) _____

Membership Categories

Please circle one:

Sustaining	\$1000
Benefactor	\$300
Patron	\$150
Family/Dual	\$75
2 Seniors (60+)	\$50
Individual	\$40
Senior (60+)	\$25
Student (+12)	\$25

A portion of the fee is tax deductible.

Amount enclosed \$ _____

Please return your completed application with a cheque payable to the Gallery Association to:

Gallery Association Membership
Agnes Etherington Art Centre
Queen's University,
Kingston, ON, K7L 3N6