



P O Box 916, Rhinelander, WI 54501

### MEMBERSHIP APPLICATION FORM

- New member (for year \_\_\_\_\_)
- Renewing Member (for year \_\_\_\_\_)

**Membership Categories** (Please check  one)

- Contributor \$25
- Donor \$50
- Patron \$100
- Benefactor \$200
- Business Partner \$500

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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

Please make checks payable and mail to:

**The Northern Arts Council**

**P O Box 916**

**Rhinelander, WI 54501**

*(Indicate membership category on your check.)*



***THANK YOU.*** *With your support we can continue to encourage and promote art activities, groups and programs in Northern Wisconsin.*