



MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

TELEPHONE _____ EMAIL _____

PREFERRED METHOD OF NOTIFICATION FOR MEETINGS AND EVENTS

- TELEPHONE
- EMAIL
- OTHER (PLEASE SPECIFY) _____

DO YOU HAVE SPECIAL SKILLS, ABILITIES OR INTERESTS THAT COULD BE USED TO FACILITATE THE PROGRAMS AND ACTIVITIES OF THE ARTS COUNCIL; FOR EXAMPLE EXPERIENCE IN MARKETING, BOOKKEEPING/ACCOUNTING, BUSINESS ADMINISTRATION ART/CULTURE PROGRAM ADMINISTRATION, VOLUNTEER COORDINATION?

PLEASE SUBMIT COMPLETED APPLICATION FORM TO

OKOTOKS ARTS COUNCIL
MEMBERSHIP
PO BOX 149, STATION MAIN
OKOTOKS AB T1S 2A2