

Membership Form

Name _____

Company _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Student: Graduation Year _____ Specialty _____
(if applicable)

I would like to join at the following level:

_____ Platinum Member \$1,000/yr
Your business logo with link to your website will appear on FriendsofArtQuest.com

_____ Gold Member \$500/yr
Your business name will appear on FriendsofArtQuest.com

_____ Silver Member \$250/yr

_____ Bronze Member \$100/yr

_____ Standard Member \$35/yr

Please make checks payable to: Friends of ArtQuest

Mail to: Friends of ArtQuest, PO Box 5693, Santa Rosa, Ca 95402

Or drop off at the ArtQuest office

Membership/Donations may also be made by Credit Card @ www.FriendsOfArtQuest.com