

Cape Vincent Arts Council Membership

Membership Year:

January 1, 2025 to December 31, 2025



Membership Fee Per Household: \$50

Name(s): _____

Email: _____

Cell #: _____ Home #: _____

Summer Address:

Winter Address:

Preferred method of communication:

Email Phone Mail

Your membership fee entitles your household to:

- \$10 off per person to attend adult art classes
- advanced notification of events & programs
- invitation to board meetings
- voting privileges at our annual meeting
- invitation to member-only programs & gatherings, including our end of season Grateful Reception

Have a good friend who is not a member? Gift a \$50 Membership

Name(s): _____

Email: _____

Cell #: _____ Home #: _____

Summer Address:

Winter Address:

Preferred method of communication:

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Online payment available at: capevincentartscouncil.org

Or complete and mail this form and membership fee to:

CVAC P.O. Box 848 Cape Vincent, NY 13618

CVAC is a 501(C)(3) organization.