

Welcome, New Member!

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
P.O. Box/Apt.# \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_  
Email \_\_\_\_\_

Please check the membership desired:

- ☐ Lifetime Adult \$500.00  
☐ Individual Adult \$30.00  
☐ Senior \$20.00  
☐ Student \$20.00  
☐ Family \$70.00

(Immediate Family Only)

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_  
Please make check or money order

payable to:

Riverside Art Center

Send to: 3 W. Auglaize St. - P.O. Box 37

Wapakoneta, Ohio 45895

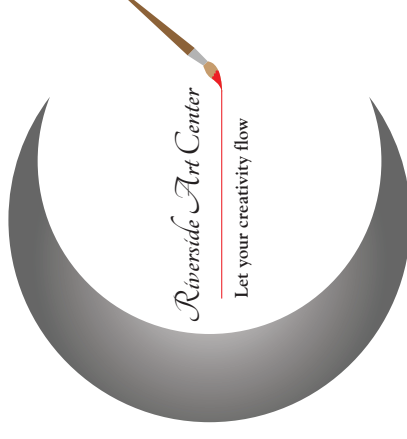
Thank You!

(Please Detach & Return)

*Let Your Creativity Flow*

## Riverside Art Center

### New Membership Form



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3 W. Auglaize St. - P.O. Box 37  
Wapakoneta, Ohio 45895

Phone: 419-738-2352  
riversideartcenter@gmail.com

www.riversideartcenter.org



**Ohio Arts**  
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