DURHAM WEST ARTS CENTRE

Greenwood Library
3540 Westney Road
Pickering, Ontario

Date : _____

MEMBERSHIP FORM

Please print clearly

Member : _____

Family / Group / Corporate name : _____
List all members on reverse side

Address : _____

City : _____ Province : _____

Postal Code : _____ eMail Address : _____

Preference for communication : Postal _____ eMail _____

Telephone/Home : _____ Business : _____ Cell : _____

Area(s) of Interest : _____

_____

_____

Type of Membership (circle one) :

Individual	$ 25	Student	$ 20	Senior	$ 20
Family	$ 30	Group	$ 35		
Corp (<100)	$ 100	Corp (>100)	$ 200		

Donations
In addition, I would like to donate $ _____ to the Durham West Arts Centre
Tax receipts issued for donations over $ 30.00

Please make your cheque payable to: Durham West Arts Centre

Mailing Address : Durham West Arts Centre
P.O. Box ___ pending
Pickering, Ontario, L1V xxx

** Temporary: Durham West Arts Centre
c/o 703 Abingdon Court
Pickering, Ontario, L1W 3M7

Telephone Contact : 647-351-2170 | eMail address: membership@dwac.ca

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