

OLD TOWN ARTISAN STUDIOS

Shaping Hearts and Minds Through Art

Ambassador for Art MEMBERSHIP FORM

First Name Last Name			
PRIMARY ADDRESS			
Address:		_ City:	State/Zip:
Email:		_ Phone:	
SEASONAL INFO (OPTIONAL):	Full Time()	Seasonal / Part Tin	ne()
Address:		_ City:	State/Zip:
Community OR Club			
Thank you! We are grateful for your mission, classes, events and our wo friends and family, and hope you tak	rk in the Coache	lla Valley. We look fo	prwarding to your visit, with
() Please charge my credit card in	the amount of \$	150.00	
CREDIT CARD () Amex	() Visa	() MC	() Discover
Card Number:		Exp. Date:	CVV:
Name on Card:			
Address:		City:	State/Zip:
Signature:			

Receipt for the \$150.00 annual membership will include a \$25.00 Gift Certificate to be used as credit towards a class, workshop or bisque in the Paint Your Own Pottery studio. Expires one year from date of membership. Checks are payable to Old Town Artisan Studios. Tax deduction will be \$125.00 (TAX ID 26-4437263)

OLD TOWN ARTISAN STUDIOS 78046 Calle Barcelona, La Quinta, CA 92253 (760) 777-1444 OldTownArtisanStudios.org