MEMBERSHIP FORM / VILLAGE ARTS ASSOCIATES 2026-2027

NAME_____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

HOME PHONE _____**CELL**_____

EMAIL_____

AMOUNT REMITTED: _____**MEMBER: $36.50**

_____ **DUAL*: $46.50 (additional person in same home)**

***DUAL MEMBER NAME:**_____

_____**MEMBER + STUDY GROUP: $51.50**

_____**MEMBER + 1 or DUAL + STUDY GROUP: $61.50**

Please complete after paying by CLOVER and send to:

Membership Chair
5224 Grand Ave.
Western Springs, IL 60558

Questions? Contact Membership Chair at:
vaamembershipchair@gmail.com