MEMBERSHIP FORM / VILLAGE ARTS ASSOCIATES 2026-2027

NAME_____

ADDRESS_____

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

HOME PHONE _____**CELL**_____

EMAIL_____

AMOUNT REMITTED: _____**MEMBER: $35**

_____ **DUAL*: $45**

***DUAL MEMBER NAME:**_____

_____**MEMBER + STUDY GROUP: $50**

_____**MEMBER + 1 *or* DUAL +**
STUDY GROUP: $60

Please make check payable VILLAGE ARTS ASSOCIATES, INC.

SEND FORM AND CHECK TO: **Membership Chair**
5224 Grand Ave.
Western Springs, IL 60558

Questions? Contact Membership Chair at:

vaamembershipchair@gmail.com