



Arts Council Membership Form

Please designate the appropriate membership and mail the bottom of this form along with a check to:

C/o The Arts Council
CityArts
334 North Mead
Wichita, KS 67202

Questions call 316.462.2787.

Please retain the top portion for your records and tax deduction

_____ \$20 Student/Artist Membership

_____ \$40 Individual Membership

_____ \$75 Family Membership

_____ \$250 Art Advocate Membership

_____ \$1,000 Patron Membership

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____