



Paris in Plantsville Art Gallery and Studio-15 West Main Street, Plantsville, CT
Phone: 860-426-1149 Email: parisinplantsville@gmail.com
Website: <http://ParisInPlantsville.com>

MEMBERSHIP:

We offer memberships in several categories:

A.) BENEFACTOR:

- Level 1: \$15,000
- Level 2: \$10,000
- Level 3: \$5,000
- Level 4: \$2,500

EDUCATIONAL BENEFACTOR: Support children's access to the arts and provide for hands-on programs like film screenings, field trips, summer art camps, and ongoing classes for people of all ages.

VISUAL ARTS BENEFACTOR: Support the imagination, innovation and creativity by allowing us to show artists and exhibitions that are new and contemporary. Stimulate dialogue, interaction, free expression, and exchange of ideas. Visual Arts benefactors are invited to meet artists and curators at private receptions.

B.) PATRON: \$1,000

C.) SPONSOR: \$500

D.) DONOR: \$250

E.) SUPPORTER: \$100

F.) FAMILY/HOUSEHOLD: \$75

This allows a discount for member and everyone who resides in the same household.

G.) INDIVIDUAL: \$50

This is our most basic membership. It includes a discount for the individual to all events.

MEMBERSHIPS RECEIVE DISCOUNTED ENTRY FEES TO EXHIBITIONS, CLASSES, SCREENINGS, LIVE DRAWING SESSIONS, AND ANY NUMBER OF EVENTS AT PARIS IN PLANTSVILLE. YOUR GENEROUS DONATION WILL HELP IN PROVIDING US THE RESOURCES TO ORGANIZE NEW AND EXCITING EXHIBITIONS, LIVE MUSICAL ACTS, FILM SCREENINGS, AND OTHER CREATIVE EVENTS.



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MEMBERSHIP FORM:

NAME: _____

ADDRESS: _____

PHONE (HOME/MOBILE): _____

EMAIL: _____

SELECT YOUR MEMBERSHIP TYPE:

- BENEFACTOR (LEVEL: 1 / 2 / 3 / OR 4)
- PATRON
- SPONSOR
- DONOR
- SUPPORTER
- FAMILY /HOUSEHOLD
- INDIVIDUAL

TOTAL: _____

SELECT PAYMENT TYPE:

- CASH
- CHECK (MAKE PAYABLE TO "PARIS IN PLANTSVILLE")

MEMBER PRINTED NAME/SIGNATURE: _____ DATE: _____

GALLERY REPRESENTATIVE AUTHORIZATION: _____ DATE: _____

RECEIPT OF PAID SUBMISSION IN THE TOTAL OF: \$ _____

MEMBER PRINTED NAME/SIGNATURE: _____ DATE: _____

GALLERY REPRESENTATIVE AUTHORIZATION: _____ DATE: _____