The Drawing Studio *Associate Membership Enrollment*

Registered by: _____ **Date:** _____

Name: _____ **Preferred Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone(s): _____ **Email:** _____

Check one: _____ **New Membership**
_____ **Renewal**

_____ **$60 Individual Associate Membership**
_____ **$80 Family Membership** (2 or more living in same household)
_____ **$25 Student Associate** (must be full-time student to qualify)

Additional Contribution: $_____

Specify designation:
_____ **Annual Fund**
_____ **Art of Summer Teen Program**
_____ **Senior Tutoring Program**
_____ **other (specify):** _____

Payment:

VISA _____ **MC** _____ **or: Check #** _____ **cash** _____ **paid w/ class registration?** _____

Card Number: _____ **Expiration Date:** _____

If credit card holder name is different from above: _____

Print out form and complete, send with payment to:

Mail: The Drawing Studio, Inc.
33 South 6th Avenue
Tucson, AZ 85701-1805

Fax: (520) 620-0558

Form may also be scanned and emailed to: tds@thedrawingstudio.org

For any questions, call The Drawing Studio at: (520) 620-0947

Office: (for Office Manager & Associate Coordinator): _____ **Entered in database** _____ **Acknowledgement sent**