

Welcome, New Member!

Name _____

Street Address _____

P.O. Box/Apt.# _____

City _____

State _____ Zip _____

Phone# _____

Email _____

Please check the membership desired:

- | | |
|---|----------|
| <input type="checkbox"/> Lifetime Adult | \$500.00 |
| <input type="checkbox"/> Individual Adult | \$30.00 |
| <input type="checkbox"/> Senior | \$20.00 |
| <input type="checkbox"/> Student | \$20.00 |
| <input type="checkbox"/> Family | \$70.00 |

(Immediate Family Only)

of Adults ___ # of Children ___

Names _____

Total Amount Enclosed: \$ _____

Please make check or money order
payable to:

Riverside Art Center

Send to: 3 W. Auglaize St. - P.O. Box 37

Wapakoneta, Ohio 45895

Thank You!

(Please Detach & Return)

Let Your Creativity Flow

Riverside Art Center

New Membership Form

Follow us on



Riverside Art Center



riversideartcenterwapak



@RiversideArtCen1



3 W. Auglaize St. - P.O. Box 37
Wapakoneta, Ohio 45895

Phone: 419-738-2352
riversideartcenter@gmail.com

www.riversideartcenter.org



Ohio Arts
COUNCIL A STATE AGENCY SUPPORTING
ARTS AND CULTURE

www.riversideartcenter.org