

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Check one:** \_\_\_ *Artist* \_\_\_ *Art Supporter*

**Check one:** \_\_\_ *New Member* \_\_\_ *Renewal*

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | \$25 Student (25 and under) |
| <input type="checkbox"/> | \$40 Senior (60 and over)   |
| <input type="checkbox"/> | \$50 Individual             |
| <input type="checkbox"/> | \$60 Family (2-6 Members)   |

- |                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | \$100 Arts Patron – Bronze    |
| <input type="checkbox"/> | \$250 Arts Patron – Silver    |
| <input type="checkbox"/> | \$500 Arts Patron – Gold      |
| <input type="checkbox"/> | \$1000 Arts Patron - Platinum |

*If selected Family Membership, please complete the following information:*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Membership runs for one year from the date of payment**

**Checks:** *Please make check payable to ALOC – Mail to P.O. Box 3503, Ocean City, MD 21843*

**Credit Card:** \_\_\_ *VISA* \_\_\_ *MasterCard* \_\_\_ *Discover* \_\_\_ *American Express*

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

**CALL FOR VOLUNTEERS**

Our volunteers are the mainstay of our organization and we appreciate the many talents of our members. Please indicate what area you would be interested in helping with and someone will contact you.

\_\_\_ **Front Desk** \_\_\_ **Receptions** \_\_\_ **Home Tour** \_\_\_ **Exhibit hanging** \_\_\_ **Plein Air**

\_\_\_ **Publicity** \_\_\_ **Education** \_\_\_ **Fundraising** \_\_\_ **Membership** \_\_\_ **Special Events/Programs**

A copy of our current financial statement is available upon request by contacting the Art League of Ocean City at P.O. Box 3503, Ocean City, MD 21843. (Phone: 410.524.9433). Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State for the cost of copying and postage. Membership fees are considered donations and are tax deductible to the fullest extent of the law. Please be advised that your donation may only be deductible to the extent that it exceeds the value of any benefit received, such as discounts on purchases. Please consult your accountant in order to determine the deductibility of your donation.