



2025 MEMBERSHIP FORM

Check One: _____ **NEW Member** _____ **RENEWING Member** **DATE PAID** ___/___/___

CONTACT INFORMATION (Please Print Clearly)

Full name	
Address (number and street)	Apt #
City, State, Zip Code	
Email	Website address
Cell Phone	Home or Work Phone

NEWSLETTER Please send by: ___ **Email** (default) ___ **Regular Mail**

MEMBERSHIP LEVEL

check one (dues paid between Nov-Dec will carry thru Dec the following year)

- Student: \$15 (age 12-18)
- Individual: \$30
- Household/Family: \$45; Family Member Names _____
- Supporting: \$60
- Patron: \$100
- Sponsor: \$250
- Business: \$500
- Corporate Sponsor: \$1000

MEDIUM(S) – Please check all that apply:

- | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Glass | Painting: | <input type="checkbox"/> Pen & Ink |
| <input type="checkbox"/> Clay/Pottery/Sculpture | <input type="checkbox"/> Gourds | <input type="checkbox"/> Acrylic | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Collage | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Oil | <input type="checkbox"/> Printmaking |
| <input type="checkbox"/> Color Pencil | <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Pastel | <input type="checkbox"/> Woodwork |
| <input type="checkbox"/> Fiber Art/Knit/Crochet | | <input type="checkbox"/> Watercolor | <input type="checkbox"/> Other _____ |

Please become an active member of SASi. SASi is 100% volunteer driven and relies on your support.

Volunteer: Check Specific Interests

- Serve on the Board of Directors
- Be the Volunteer Coordinator
- Help with Publicity: ___ Newsletters, ___ Social Media; ___ Website; ___ Liaisons;
- Help with Financial: ___ Membership, ___ Fundraising; ___ Grants
- Help with Operations: ___ Housekeeping; ___ Library/History; ___ Programs; ___ Gallery Hosting
- Help with Events: ___ Receptions; ___ Exhibitions; ___ Special Events; ___ Gift Shop
- Help with Building: ___ Maintenance; ___ Gardening
- Help with Education/Teaching: ___ Skill Workshops; ___ Children’s Programs, ___ Pottery Studio
- I have the following skills that I can contribute to SASi: _____

Mail check and form to: Southern Arts Society - PO Box 334 - Kings Mountain, NC 28086

<i>Office Use Only:</i> Payment Receipt # _____ Ck # _____ CC _____ Cash _____ Gift Shop _____ Membership List _____; Master List _____; Membership Letter and Card _____
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