



2012 Membership Form

Membership category: <input type="checkbox"/> Youth-under age 21 (\$10) <input type="checkbox"/> Individual (\$25) <input type="checkbox"/> Family (\$35) <input type="checkbox"/> Business (\$45) <input type="checkbox"/> Sustaining Member* \$_____/month ... or ... \$____ one time annual donation
Membership status: <input type="checkbox"/> New <input type="checkbox"/> Renewal
Type of membership: <input type="checkbox"/> Supporter of the Arts <input type="checkbox"/> Artist (for pleasure, for livelihood, or both!)
<i>Brief Description of Art Medium:</i>
Name(s):
Business name:
Mailing address:
City, State, Zip:
Telephone:
E-mail address:
Web site URL:
The ongoing success of Alpine Artisans is due to its artists and amazing volunteers. May we count on you to help out now and then? <input type="checkbox"/> Yes, give me a call! <input type="checkbox"/> No, I'd prefer not.
One of the favorite features of Alpine Artisans' website is our printable member listing which serves as a sort of 'AAI phonebook'. It is password protected and only AAI members have access to it. We will include your contact information on it unless you check the box below to indicate you DO NOT want to be listed. <input type="checkbox"/> I do not want to be included in the AAI directory
Thank you for your interest in Alpine Artisans! Please make your check to Alpine Artisans, Inc. and return it with this form to: Alpine Artisans P.O. Box 841 Seeley Lake, MT 59868 www.alpineartisans.org

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* Sustaining Member dues can be paid as a once a year contribution or as an automatic monthly deduction from a credit card or First Valley account. For the auto deduction, please fill out the form on the following page. Questions? Contact Carol Brodie, AAI Treasurer, at 677-6156 or cgbrodie@gmail.com.

BANK ACCOUNT TRANSFER FOR AAI SUSTAINING MEMBERSHIP

Name of Customer: _____

Customer First Valley Bank Account No. _____

I hereby authorize First Valley Bank of Seeley Lake, Montana to pay and charge my account debits payable to Alpine Artisans, Inc. Account 18008, in the amount of \$ _____ each month beginning (month/year) _____ provided there are sufficient funds in the above account to pay the same on presentation. It is understood that funds will be transferred on the 10th of each month. This authority is to remain in effect until revoked by me in writing and, until you actually receive such notice, I agree that you shall be fully protected in honoring such debits.

Authorized Signature _____ Date _____

Mail form to AAI, P.O. Box 841, Seeley Lake, MT 59868

CREDIT CARD AUTHORIZATION FOR AAI SUSTAINING MEMBERSHIP

Monthly contribution level: _____ \$10 _____ \$25 _____ \$50 \$ _____ OTHER

I hereby authorize Alpine Artisans to charge my credit card each month for my donation of \$ _____ per month as an AAI Sustaining Member. It is understood that the charge will be posted on the 10th of each month.

Name as it appears on card _____

Billing address on card _____ Zip _____

Credit card number (VISA or MASTERCARD only) _____

Expiration date on Card(month/year): _____

Signature _____ Date _____

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