



Lake Chelan Arts Council
2023 Membership Application

Name _____

Organization (if applicable) _____

Address _____

Email _____

Phone _____

Type of membership

(memberships last from January to December)

_____ \$50 Individual

_____ \$75 Family

_____ \$100 Business

_____ I would like to include a donation to support Arts Council programs .

_____ I would like to volunteer. Please contact me at: _____

Make checks payable to:
Lake Chelan Arts Council
Return check and this form to:

LCAC, PO Box 627, Chelan, WA 98816

artinchelan@gmail.com
www.artinchelan.com
facebook.com/chelanarts