



## Lake Chelan Arts Council 2024 Membership Application

Name \_\_\_\_\_

Organization (if appl.) \_\_\_\_\_

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](mailto:artinchelan@gmail.com)

[artinchelan.com](http://artinchelan.com)

[facebook.com/chelanarts](https://facebook.com/chelanarts)