



NORTH PENN ARTS ALLIANCE

Membership Form

Name: _____	Date: _____
Address _____	Phone (Home): _____
_____	Phone (Work): _____
E-mail: _____	

Your medium Choice 1: _____
Choice 2: _____
Choice 3: _____

Mail this form and
your payment to:

NPAA
P.O. Box 947
Lansdale, PA 19446
Attn: Membership

(215) 393-9110

Memberships:	<input type="checkbox"/> Family.....\$45.00
<input type="checkbox"/> Student ...\$15.00	<input type="checkbox"/> Friend.....\$100.00
<input type="checkbox"/> Individual . \$25.00	<input type="checkbox"/> Patron\$250.00
	<input type="checkbox"/> Benefactor\$500.00

Form of Payment: <input type="checkbox"/> Cash	<input type="checkbox"/> Check	Office Use Only
_____	_____	_____
_____	_____	Expiration Date: _____