



**BERMUDA SOCIETY OF ARTS  
MEMBERSHIP 2009**

**Please complete our membership form below and make your payment by.....**

.....**mail:** PO Box 1202, Hamilton HM FX Bermuda (Remember to include your cheque or credit/debit card information)

.....**fax:** 441.296.0699 (Remember to include your credit/debit card information)

.....**telephone:** 441.292.3824 (Note: you will be asked to provide your credit/debit card information over the phone)

.....**visiting BSoA Galleries in person:** Call in to City Hall between 10am & 4 pm on weekdays or 10am & 2pm on Saturdays - enjoy our current exhibits and take your new membership card away with you.

**Any questions? Contact us at 441-292-3824**

Name .....

Title

First Name

Surname

Address 1 .....

Address 2.....

Parish ..... Post Code .....

E-mail address: .....

(Your email address is important as it allows us to keep you informed in a timely manner about arts functions and opportunities. Please be assured that our mailing list is only used for BSoA business.)

Telephone (Home) .....(Work) ..... (Cell).....

To help us learn more about our membership base and for immigration purposes, please check the appropriate boxes:

Are you Bermudian?  Yes  No Are you a practicing artist?  Yes If yes, what medium?

**ANNUAL MEMBERSHIP FEES**

- |   |   |
|---|---|
| <input type="checkbox"/> High School Student ..... \$20 | <input type="checkbox"/> Double Patron ..... \$175  |
| <input type="checkbox"/> Senior (65+) ..... \$40        | <input type="checkbox"/> Benefactor ..... \$500   |
| <input type="checkbox"/> Adult..... \$55                | <input type="checkbox"/> Corporate Bronze \$1,000 (20% discount-gallery rentals)          |
| <input type="checkbox"/> Family..... \$75               | <input type="checkbox"/> Corporate Silver \$2,500 (20% discount-gallery rentals)          |
| <input type="checkbox"/> Single Patron ..... \$125      | <input type="checkbox"/> Corporate Gold \$5,000 and up (One complimentary use of gallery) |
| <input type="checkbox"/> Single Art Teacher No Charge   |   |

Method of payment:  Cash  Cheque  Credit/Debit Card Total Amount \$ .....

Credit Card No. ....Expiration .....

SIGNATURE .....

**VOLUNTEERING**

If you enjoy art and love interacting with the public, please contact the gallery for details, or select a job you are interested in. **Thank you for your support!**

**Gallery Supervision (any 2-hour block of time)**

Weekdays 10:00 AM to 4:00 PM \_\_\_\_\_

Saturday 10:00 AM to 2:00 PM \_\_\_\_\_

**Fundraising**

Event Coordination

Event Management

Corporate Sponsorship

**Exhibitions**

Coordination

Hanging

Bartending