

THE BERMUDA ARTS CENTRE AT DOCKYARD

P O Box MA 66, Mangrove Bay MA BX

Tel: (441) 534-2809 * Email: bermudaartscentre@gmail.com

2024 MEMBERSHIP FORM

Name: _____

Mailing Address: _____

_____ **Postal Code:** _____

Home Tel: _____ **Cell:** _____ **Work:** _____

E-mail Address: _____

Are you an artist? Yes No

Please tick appropriate membership category:

- ___ Individual member (\$50)
- ___ Snr member (65+) (\$40)
- ___ Family membership (\$85)
- ___ 3 year individual member (\$120)
- ___ 5 year individual member (\$225)
- ___ Friend of the BACD (5 year membership donation \$250 and over)
- ___ Life member (\$500)
- ___ Student (free)

This membership is a gift from: _____

I wish to make an additional donation to the BACD of \$ _____

Payment method: Cash/ Cheque / Credit card # _____ Exp _____
CVV 3 digit code _____

Signature:

The BACD is reliant on our membership, both financially and creatively, and we welcome suggestions on how we can improve our service to you and our community. We look forward to hearing from you and hope that you will consider, once again, showing your support for the Arts Centre. Please tick any of the below activities that might interest you in helping us to keep local art alive in Bermuda.

- | | |
|--|------------------------------|
| ___ Hanging of art shows | ___ Bartending |
| ___ Office work | ___ Fundraising |
| ___ Food donations | ___ Light maintenance |
| ___ General assistance for openings | ___ Other: _____ |

The BACD thanks you for your support !!