



WAYNE COUNTY ARTS ALLIANCE

Membership Application

Name _____ Email _____
Address _____ URL _____
City _____
State/Zip _____
Telephone _____

____ \$10 Student
____ \$25 Senior Citizen
____ \$30 Individual
____ \$45 Family
____ \$45 Non-Profit Community Organization
____ \$100 Business/Corporation

Please remit dues and send check payable to
WCAA
742 Main Street
Honesdale, PA 18431

*Optional: I understand WCAA offers me opportunities to help enrich the lives of community members. I would like to help now _____ or in the future _____ in this/these areas of interest:

____ serve on a committee ____ help with special events
____ general volunteer ____ attend community events ____ other, Please describe?

Are you an artist?

If so, in what media?