

# **Central Newfoundland Visual Arts Society (CNVAS)**

MEMBERSHIP REGISTRATION		
CONTACT INFORMATION		
<b>Name:</b>		
<b>Date of Registration:</b>	<b>Phone:</b>	<b>Cell:</b>
<b>Current address:</b>		
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>
<b>Email Address:</b>		
CNVAS VOLUNTEER ACTIVITIES OF INTEREST (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Executive	<input type="checkbox"/> Workshops (facilitating)	<input type="checkbox"/> Group Murals
<input type="checkbox"/> Craft Fair	<input type="checkbox"/> Newsletter (contribute articles)	<input type="checkbox"/> Memberships/Recruiting
<input type="checkbox"/> Social Events	<input type="checkbox"/> Art Exhibits (organize)	<input type="checkbox"/> Website Design/Maintenance
<input type="checkbox"/> Other (please specify):		
CURRENT MEMBERSHIP STATUS		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Basic Membership (\$10)
		<input type="checkbox"/> Basic With Newsletter Mail-out (\$15)
<b>Member since:</b>	<b>Last Workshop Attended (year):</b>	<b>Workshop Title:</b>
COMMENTS AND RECOMMENDATIONS TO THE EXECUTIVE		

**Completed applications with cash or a cheque made payable to CNVAS can be**

**mailed to:  
Lynda Andrews, Memberships  
c/o CNVAS  
P. O. Box 52  
Grand Falls-Windsor, NL  
A2A 2J8**

**OR**

**dropped off at her residence at:  
  
190 Lincoln Road,  
Grand Falls-Windsor, NL**

<u><b>CNVAS MEMBERSHIP RECEIPT</b></u>	<u><b>Date:</b></u> _____
Received from _____	
The sum of _____ xx/100	
Received by _____ (Executive Member)	