

**Arrowhead Arts Association Membership Application**

**Join Us Today!**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*Yes, I would like to join Arrowhead Arts Association to support music education for young people and "Bring the Magic of Music to the Mountains."*

- Grand Benefactor** \$5,000
- Honorary Board Member** \$3,000 per year for 3-year commitment
- Benefactor** \$2,000
- Patron** \$1,000
- Sponsor** \$500
- Supporter** \$250
- Friend** \$100

My check for \$ \_\_\_\_\_ , made payable to Arrowhead Arts Association is enclosed.

**Print Form and Mail to:** Arrowhead Arts Association, P.O. Box 1925, Lake Arrowhead, CA 92352