

Please tell us about yourself...

As your art gallery, the more we know about you, the better equipped we are to present programs that meet your expectations as a member. Please fill out the following questionnaire as completely as possible.

Name _____

Business Name _____

Street _____

City _____

Postal Code _____

Phone _____

Fax _____

Email _____

What types of Gallery programs would you and/or your family like to participate in? (check more than one)

- talks or workshops by artists
- summer art camps
- musical performances
- gallery socials
- exhibition openings

Other _____

How often do you bring visiting friends and relatives to visit Deep Cove village?

- less than 3 times per year
- more than 3 times per year
- not at all

What type of visual art exhibition are you most interested in? (check more than one)

- representational art
- abstract art
- traditional art
- contemporary art
- craft

Other _____

What is the age range of the children in your household?(check more than one, if applicable)

- under 12 yrs old
- between 12 and 18 yrs old
- no children in the household

What is the age range of the adults in your household? (check more than one, if applicable)

- between 18 and 30
- between 30 and 50
- between 50 and 75
- over 75

What occupations are held by the people in your household? (check more than one, if applicable)

- student
- administrator
- professional (e.g. doctor, lawyer, etc)
- artist
- retired
- retail, tourism, or other services

Other _____

Are you interested in being contacted to learn more about becoming a volunteer?

- yes, contact me

Membership Payment

Please indicate type of membership:

- Individual \$40
- Family \$50
- Student \$25
- Seniors (over 65) \$30
- Group \$75
- Business/Professional \$100
- new renewal

Total Membership fee amount \$ _____

Consider Adding a Donation...

The Seymour Art Gallery is a charitable organization that depends upon the support of its donors. Donations of more than \$25 will receive a tax-applicable charitable receipt.

Total optional donation amount \$ _____

Payment Calculation:

Membership Fee	\$ _____
Donation (optional)	\$ _____
Total payment	\$ _____

Method of payment:

- Cheque Cash
- Mastercard Visa

Card # _____

Expiry date _____

Signature _____

*Please make cheques payable to the
Seymour Art Gallery*

Welcome to the Seymour Art Gallery!