MEMBERSHIP APPLICATION		
☐ New ☐ Renewal: Membership #		
1st Cardholder	r. 🔲 Mrs. 🔲	Ms. Dr.
Name		
Address		
City		
Province		
Telephone		
Email		
2nd Cardholder	r. 🔲 Mrs. 🗌	Ms. Dr.
Name		
MEMBERSHIP LEVELS		
Student	\$10	\$
Individual	\$30	\$
☐ Family	\$50	\$
Donor	\$100	\$
Corporate Member* (*Includes 10 membership		T
Date	_Total \$	
PAYMENT OPTIONS		
☐ Cheque (Please make cheque payable to Rodman Hall Art Centre) ☐ Cash ☐ Visa ☐ MC		
Credit Card #		
Expiry Date		
Thank you for your support		
Mail this form along with your payment to:		
Rodman Hall Art Centre/Brock University		

St. Catharines, Ontario L2S 1M3