



Creative and Performing Arts Center, Inc. (**CAPAC**) Membership Form

Today's Date _____ New Member _____ Renewal _____

Name: First _____ Middle Initial _____ Last _____

Address _____ City _____

State _____ Zip _____ Phone () _____

Email _____@_____. _____

Please select the type of membership (*please select one*):

_____ \$75.00 Organizations/Churches _____ \$50.00 Family of 3 or More
_____ \$25.00 Individual _____ \$10.00 Student (*Age 18 and below*)

I would like to make a one-time donation to the Creative and Performing Arts Center, Inc. (**CAPAC**) in the amount of \$ _____.

I am interested in volunteering in the following area(s):

_____ *Marketing Committee* _____ *Membership Committee* _____ *Programming Committee*
_____ *Fundraising* _____ *Newsletter* _____ *Special Events* _____ *Other (specify)*

For more information please contact us:

Phone: 703-441-2479

Email: membership@capacweb.org or capac4va@aol.com

Website:

www.capacweb.org

Please mail membership form and your check or money order (made payable to CAPAC) to:

CAPAC
ATTN: Membership
P.O. Box 4970
Woodbridge, VA 22194

Thank you for considering CAPAC.