

## Registration Form

Date

Name

Address

City

State

Zipcode

Phone/home

Phone/work

Email address

### For Children's Classes

Age

Date of Birth

Parent or Guardian Name

Course Title(s)

Course Number

Tuition

\$

\$

\$

\$

Member

Non-member

Yes, I would like to become a member of AVA (see below)

Membership \$

**Total enclosed \$**

Check #

or Credit Card

VISA

Mastercard

Account Number

Expiration Date

I have read and accept the terms of AVA's cancellation policy (see right)

Signature

### Become an AVA member today!

- Yes, I enclose \$45 for an annual individual membership, which entitles me to reduced tuition fees to all AVA classes (in addition to many other benefits).
- Yes, I enclose \$65 for an annual family membership, which entitles us to reduced tuition fees to all AVA classes (in addition to many other benefits).
- I would like to make a donation of \$\_\_\_\_\_ to the AVA Scholarship Fund, to help make it possible for others to take art classes at AVA.

MAIL TO:

**AVA Gallery and Art Center**

11 Bank Street, Lebanon, NH 03766

or fax to: 603-448-4827