



# LaBelle Gallery & Cultural Center Membership Form

## Member Info

Name \_\_\_\_\_

Business Name (optional) \_\_\_\_\_

Main Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Secondary Email(optional) \_\_\_\_\_

☐

New Member

☐

Renewal

**2022 Membership Fee [ \$30.00 ]**

## Primary Address

Street \_\_\_\_\_

City \_\_\_\_\_

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

## Secondary Address

Street \_\_\_\_\_

City \_\_\_\_\_

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

## Interests

Mediums \_\_\_\_\_

Classes you would take \_\_\_\_\_

Classes you might teach \_\_\_\_\_

Did someone refer you? \_\_\_\_\_

Arts of the Inland  
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