

MEMBERSHIP FORM

Community Arts Council of the Saanich Peninsula

Ph: 656-7400 Fx: 656-6487

Email: info@cacsp.com Web: www.cacsp.com

Mail completed form & payment to:

CACSP, Box 2221, Sidney, BC V8L 3S8

SURNAME: _____
(or group/business name)

FIRST NAME: _____
(or contact person)

ADDRESS: _____

CITY: _____

P.CODE: _____ PHONE: _____

EMAIL: _____

WEBSITE: _____

- | | |
|----------------------|-------------------------------|
| Individual | \$10 <input type="checkbox"/> |
| Family (one address) | \$15 <input type="checkbox"/> |
| Group/Business | \$25 <input type="checkbox"/> |

Our membership year runs from April 1 - March 31

Personal information provided by members to the Community Arts Council of the Saanich Peninsula will only be used by the Arts Council for purposes of communicating with members and will not be released without the consent of the individual. Inclusion in our Directory and Website requires the member's written consent so please sign below if you are willing to have your information published.

I agree _____

FOR YOUR FREE LISTING here and on our website we will include name, phone number, description of your artwork and, as space permits, we will include other information as requested. Please choose from the following:

street address email website

Provide a brief description of your artwork: _____
