



MEMBERSHIP FORM

Lifetime/Individual: \$1,000

Friend: \$50-99/year

Fellow: \$500-999/year

Family: \$40/year

Patron: \$300-499/year

Individual: \$30/year

Donor: \$100-299/year

Name: _____

Address: _____

Phone Number: _____

Complete the membership form and along with the appropriate fee mail to Suffolk Art League, P. O. Box 1086, Suffolk, VA 23439.