



PCAC MEMBERSHIP

DATE _____

FIRST NAME _____ LAST NAME _____

PHONE NUMBER _____

EMAIL _____

HOME ADDRESS _____
(Street, City)

POSTAL CODE _____

EMERGENCY CONTACT (optional)

NAME _____ PHONE _____

MEDIUM PREFERRED

- OIL ACRYLIC PASTEL WATER COLOUR
 GUACHE MIXED MEDIA GRAPHITE OTHER _____

Annual membership fee Jan 1-Dec 31 — \$30.

Pay membership and workshop fees by e-Transfer: portcolborneart@gmail.com

or by Cheque: Port Colborne Art Club, 1424 Chippawa Rd, Port Colborne L3K 5V5

Check out social media to see our Club's workshops and other fun activities:
facebook.com/portcolborneartclub

Please save and email your completed form to pcacregistrar@gmail.com

Thank you for being a part of PCAC - We are happy to get creative with you!

