The Drawing Studio, Inc. *Associate Membership Enrollment*

Name: _____ **Preferred Name:** _____

Address: _____**City:** _____**State:** _____ **Zip:** _____

Telephone(s): _____ **Email:** _____

- *or:* Gift from: _____

Check one: _____ **New Membership** _____ **$60 Individual Associate Membership**
_____ **Renewal** _____ **$80 Family Membership** *(2 or more living in same household)*
_____ **$25 Student Associate** (*must be full-time student to qualify)*

Additional Contribution: $_____ **to:** _____ **Annual Fund (unrestricted)** _____ **OATS**
Thank you! _____ **Other:** _____ _____ **Youth Program**
(please specify)

Payment:

Check #:_____ **VISA** _____ **MC** _____ **cash** _____ **TDS credit**_____ **paid w/ class registration** _____

Name (as listed on credit card): _____

Card Number: _____ **Expiration Date:** _____

Credit Card billing address (if different from above):_____

Membership Expiration Date (1 year from enrollment or renewal): _____

Enrolled by: _____ **Date:** _____

Please print and complete above form and mail to:

The Drawing Studio
33 S. 6th Avenue
Tucson, AZ 85701-1805

Or fax to: (520) 620-0558
Or email to: tds@thedrawingstudio.org

Thank you for your support of The Drawing Studio!