



# VAS Membership Registration Form

## VAS Membership

Date \_\_\_\_\_ : Name \_\_\_\_\_ :

Company Name & Website: (if applicable) \_\_\_\_\_ :

P.O. Box: \_\_\_\_\_ Postal Code: KY1- \_\_\_\_\_ :

*Only provide your preferred email addresses or phone numbers for contact & info distribution*

Phone numbers \_\_\_\_\_ :

E-Mail \_\_\_\_\_ : Facebook \_\_\_\_\_ :

**Family Memberships: additional member's name & contact details**

Name \_\_\_\_\_ : Mobile \_\_\_\_\_ :

E-Mail \_\_\_\_\_ : Facebook \_\_\_\_\_ :

		√ <b>Box</b>
<b>Single Membership:</b>	<b>CI \$ 45.00</b>	
<b>Annual Family Membership:</b>	<b>CI \$ 60.00</b>	
<b>Exhibitor/Selling Membership:</b>	<b>CI \$150.00</b>	
<b>Patron Membership:</b>	<b>CI \$100.00</b>	
		√ <b>Box</b>
<b>Payment Method</b>	<b>Cheque</b>	
	<b>On-line Butterfield Banking</b>	
	<b>CASH</b>	

### Payment Information:

Cheques payable to **Visual Arts Society**

or pay on-Line Butterfield: set up payee: **'The Visual Arts Society'**

*If paying on line please ensure you include details of payment in description*

**Email completed form to: [memberships@visualartcayman.com](mailto:memberships@visualartcayman.com)**