

Expiration Date: ____/____/____

Art Center Membership

Include information for adults and only the children applying.

Eden Prairie
Art Center

7650 Equitable Dr
Eden Prairie • MN • 55344
952-949-8304 • edenprairie.org



Applicant Information

Adult 1 - First Name	Middle	Last	Date of Birth	Gender
Adult 2 - First Name	Middle	Last	Date of Birth	Gender
Address			City	State Zip
Home Phone		Email Address		
Adult 1-Employer	Business Phone	Adult 2-Employer	Business Phone	

Children

Name	Birthdate	Gender <input type="checkbox"/>	Name	Birthdate	Gender <input type="checkbox"/>
Name	Birthdate	Gender <input type="checkbox"/>	Name	Birthdate	Gender <input type="checkbox"/>
Name	Birthdate	Gender <input type="checkbox"/>	Name	Birthdate	Gender <input type="checkbox"/>

Membership Type

Which Type of Membership are you applying for?

\$30 Individual—Adult

\$30 Individual—Child (please fill out adult information as well as child information above)

\$45 Household (two adults and up to 4 children)

\$45 Household + ____ (\$5 per additional family member)

Additional Donation

Would you like to make an additional donation to support the Art Center?

Yes I would like to make an additional donation of \$____

No thank you not at this time

Would you like to volunteer at the Art Center?

Yes, please call me

No thank you not at this time

Process

1. Complete this form.
2. Submit to: Eden Prairie Community Center
16700 Valley View Road
Eden Prairie, MN 55346
3. Receive new member packet within two weeks.

Signature

I understand that all the information provided is accurate and complete, to the best of my knowledge. By signing below I agree, on behalf of myself and children (if any) to the Art Center Membership Terms and Agreement attached hereto.

Signature Date

Payment

Membership dues are to be paid in full when you sign up and will last one year from date of payment.

Check Cash Credit Card

Card Type _____ Card # _____ - _____ - _____ Expiration Date: ____/____

Would you like to be automatically renewed every year? Yes please No thanks

FOR OFFICE USE:

Date Received _____

Processed by _____ Date _____ Membership Expiration Date _____

