



Western Arts Alliance

Student Membership Form

Student Name:

Secondary Organization Name:

Address:

City:

State:

Zip:

Phone:

Email :

\$50 for one full year

Enclosed is a check payable to Western Arts Alliance

Charge my credit card

Card Number:

Exp. Date:

Security Code:

Name on Card:

Signature:

Credit Card Billing Address (if different from above)

City:

State:

Zip:

Please send this form with a copy of your full time student ID to:

Western Arts Alliance
715 SW Morrison Suite 600
Portland, OR 97205-3102
Phone: 503.274.4729 Fax: 503.274.4768
staff@westarts.org
www.westarts.org