

**THE RIDGEWOOD ART INSTITUTE, INC.**  
**Application for Membership**

Date \_\_\_\_\_

Member's Name \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Instructor \_\_\_\_\_ E-mail \_\_\_\_\_

As a member, you hereby provide a release to R.A.I. for photos taken of you while at the facility for the use of promotional materials.

- Student Membership (under 18).....\$40 Sept-Aug.
- Individual Membership.....\$80 Sept-Aug
- Family Membership.....\$100 Sept-Aug
- Life Membership.....\$600
- Family Life Membership (single payment).....\$800
- Charitable Donation \_\_\_\_\_

*Make check payable to **The Ridgewood Art Institute** and return with this card to:*

Membership Chairman, R.A.I., 12 East Glen Avenue, Ridgewood, NJ 07450

To Pay online go to: [www.ridgewoodartinstitute.org](http://www.ridgewoodartinstitute.org) under membership