

A Center for Growth

Performing Arts Community Resource Center

Members of the organization receive discounts on programs, services, and community resources. Membership support is essential to sustaining our facility and helps fund programs, facility upkeep, and resources that benefit the community. Your membership contribution helps create opportunities for jobs, career development, educational programs, busines
meeting and event space, clubs, entrepreneurial storefront opportunities, and
community based services. By becoming a member, you are investing in a pla
individuals, families, and businesses can grow while giving back to the community.

Family Last Name:

All members must have an application

A Center for Growth Performing Arts Resource Community Center

Membership Application

Applicant Information:

Full Name: _____ Date: _____

Date of Birth: _____ Phone: _____

Email:_____

Mailing Address:_____

City: _____ State: _____ ZIP: _____

Membership Details:

Membership type:

☐ Individual $50 a year

☐ Family $140 a year for a family of 4 $75 a year for a family of 2

☐ Student $25 college/high school students a year

☐ Senior $40 a year for ages 55 and up

☐ Volunteer $50 a year

☐ Supporting Member $50 a year

☐ Other: _____ $50 a year

Make cashier's checks, Money Orders addressed to:

A Center for Growth Performing Arts Resource Community Center

Mailing Address: A Center for Growth Performing Arts Resource Community

110 Coliseum Crossing, Unit: 6144, Hampton Va, 23666

Cash App: **Membership** ($Center4Growth2027) or Zelle **Membership** (growth2027)

New member or renewal?

☐ New

How did you hear about us?

_____

_____

Areas of interest: (Not Mandatory)

☐ Events

☐ Volunteering

☐ Education

☐ Youth Programs

☐ Fundraising

☐ Advocacy

☐ Community Outreach

☐

Other:_____

Emergency Contact and Participation:

Emergency Contact Name: _____ Relationship:

_____ Phone: _____ Are you interested in

volunteering? ☐ Yes ☐ No ☐ Maybe Skills, experience, or resources you would like to share:

_____

_____

Agreement: I agree to follow the organization's policies and understand that membership may be subject to approval, dues, and renewal requirements.

Applicant Signature: _____ Date: _____

Staff Use Only:

☐ Approved ☐ Denied ☐ Pending Membership ID: _____

Payment Received: ☐ Yes ☐ No Staff Initials: _____