CENTER FOR THE ARTS

Membership Benefits Partner Application

Date: _____

Name of Company: _____

Address: _____

Telephone: _____ **Email:** _____

Website: _____

Logo Sent: _____

Description of Business: _____

Owner: _____

Telephone: _____ **Email:** _____

Manager: _____

Telephone: _____ **Email:** _____

Discount/Services Offered: _____

Thank you for applying to be a Membership Benefits Partner. Please print this document and mail to P.O. Box 687, Bel Air, MD 21014, or email, along with a jpg of your logo to info@harfordcfa.org. Center for the Arts will contact you shortly. If you have any questions, please telephone: 443-567-5216, fax: 443-371-7511.