



Date Rcvd: \_\_\_\_\_  
Date RE7: \_\_\_\_\_

## Membership Application – Individual

### Applicant Information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

STUDIO PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

### Information about your art:

Briefly describe your medium (ex. watercolor, actor, musician, sculptor, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_