



APPLICATION FOR MEMBERSHIP

MAIL THIS FORM TO: Santa Rosa Art Association, Inc., P.O.Box 4256, Milton, Florida 32572

DATE _____

NAME _____ SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WK PH _____ CELL PH _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ MEDIA _____

HAVE YOU HAD ANY ART INSTRUCTION? YES _____ NO _____ HOW LONG? _____

WHERE/SCHOOL/INSTRUCTOR _____

HAVE YOU SOLD ANY OF YOUR ART WORK? YES _____ NO _____

WILL YOU ATTEND MEETINGS REGULARLY? YES _____ NO _____

WILL YOU AGREE TO SERVE ON A COMMITTEE? YES _____ NO _____

WILL YOU ABIDE BY THE BY-LAWS OF THIS ORGANIZATION? YES _____ NO _____

DUES: \$30.00(ADULT) \$50.00 for family (living in same home) \$10.00(Student Grades 9-12)

Signature of Applicant

Date