



Pacific Gallery Artists

Membership and Membership Renewal Application

PLEASE PRINT

Name: _____

Address: _____

City: _____ Zip code _____

Telephone: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____

Dues:

Annual Dues (\$40) Paid: \$ _____

Newsletter Mailing Fee (Hard copy mailed is \$10. Emailed copy is free) Paid: \$ _____

Life Member Y _____ N _____

Artistic Medium(s): Painting, Sculpture, Drawing, Photography, Clay Mediums

Mixed Media, Other mediums: _____

Membership Request:

I am requesting membership in Pacific Gallery Artists.

I am renewing my membership in Pacific Gallery Artists.

I agree to follow all of the policies and procedures of Pacific Gallery Artists.

Signature: _____ Date: _____

Approved: _____ Date: _____

Membership Chairperson