

Membership Application



The Quabbin Art Association provides education, support, and opportunity for local artists, and promotes community interest and appreciation in the visual arts.

NEW MEMBER

RENEWING MEMBER

PATRON

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____

Website _____

YOUR MEDIA:

- | | | | | |
|-----------------------------------|------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Acrylic | <input type="checkbox"/> Oil | <input type="checkbox"/> Watercolor | <input type="checkbox"/> Pastel | <input type="checkbox"/> Collage |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Sculpture | <input type="checkbox"/> Photography | <input type="checkbox"/> Fiber Arts | <input type="checkbox"/> Ceramics/Pottery |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Pen | <input type="checkbox"/> Charcoal | <input type="checkbox"/> Pencil | <input type="checkbox"/> Multimedia |

Other _____

VOLUNTEER! Please check the ways you can help.

- | | | | | |
|--|-------------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Publicity | <input type="checkbox"/> Exhibits | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Plein Air Coordinator |
| <input type="checkbox"/> Programs/Demonstrations for meeting | <input type="checkbox"/> Membership | <input type="checkbox"/> Website | | |

Other ways I can help: _____

MEMBERSHIP: Membership runs from September 1st to August 31st.

Individual: \$25

Patron: donation in the amount of your choice

MAKE CHECK PAYABLE TO:

Quabbin Art Association

MAIL TO:

P.O. Box 216, Belchertown, MA 01007

Signature: _____ **Date:** _____

For membership chairperson's use only:

Date received _____

Cash

Check #