



Membership Application

Name: _____ . Date: _____

Mailing Address: _____

City: _____ . State: _____ . Zip Code _____

Email: _____ . Tel: _____

Annual membership (Artist or Non-Artist):

- | | |
|--|-------|
| <input type="checkbox"/> Student (Student I.D.) | \$25 |
| <input type="checkbox"/> Individual | \$70 |
| <input type="checkbox"/> Senior (65 and over) | \$50 |
| <input type="checkbox"/> Senior family (65 and over) | \$60 |
| <input type="checkbox"/> Family | \$80 |
| <input type="checkbox"/> Corporate | \$250 |

Donation: _____ \$ _____

Make checks payable to EAA.

Would you be interested in volunteer opportunities with EAA: Yes. No

If yes, underline the ones you are interested in:

Board member; Art demonstrations; Galley sitter: Gallery reception:

Monthly meeting set-up; Special events.

Membership may be renewed by mail, at the Artists Gallery, at the monthly general meetings or mailed to:

Membership Chair,
Escondido Art Association
PO Box 433
Escondido, CA 92033

www.escondidoartassociation.com

eea121grand@gmail.com

