



SAN LEANDRO ART ASSOCIATION
MEMBERSHIP FORM

Send this completed form and your check of \$20.00 to:

San Leandro Art Association
Attention: Diane Era/Membership
P.O. Box 3066, San Leandro, CA 94578

Please complete the entire membership form

Name: _____ **Member since:** _____

Address: _____

City/State/Zip Code: _____

Telephone #: _____

Email Address: _____

Type of Membership:

Active \$20.00 Student \$10.00 Affiliate/Corporate \$10.00

You can only display artwork as an Active Member.

Additional Donation: \$ _____ Apply towards: _____

Favorite Medium(s): _____

What would you like to get out of joining S.L.A.A?

What other type of experiences, skills, and talents can you share with S.L.A.A.?
(ie; technology, fundraising, event planning, graphic design, etc.)

Participation: I am interested in participating or helping in the following areas:
(Must check at least two items, thank you.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Art Shows | <input type="checkbox"/> Festival Committees | <input type="checkbox"/> Revolving Gallery |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Finding Demonstrators | <input type="checkbox"/> Phone Tree |
| <input type="checkbox"/> Dorothy Cunningham | <input type="checkbox"/> Refreshments | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Committee Chairman | <input type="checkbox"/> Website |
| <input type="checkbox"/> By Laws | <input type="checkbox"/> Historian | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Newsletter/Mailings | <input type="checkbox"/> Special Events | <input type="checkbox"/> _____ |

**Thank you and we look forward to having you participate as a member of the
San Leandro Art Association!!**