



San Leandro
Art Association

MEMBERSHIP FORM

Send this completed form:

San Leandro Art Association

Attention: Membership

P.O. Box 3066, San Leandro, CA 94578

Include \$40.00 check **OR** pay online (includes \$2.00 convenience fee) at:

<https://squareup.com/store/san-leandro-art-association>

PLEASE COMPLETE THE ENTIRE FORM

NAME _____ NEW MEMBER RENEWAL

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

MOBILE PHONE _____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP:

Active \$40 Student \$10 Affiliate/Corporate \$10

(You can only display art 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.?
(i.e., technology, fundraising, event planning, graphic design, etc.) _____

PARTICIPATION: I am interested in participating in the following areas:

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

Thank you and we look forward to having you participate as a member of the

San Leandro Art Association!