



Dear *WAL* Members:

This information will be used for the membership directory.

Date _____ 20_____

New or **Renewal**

Please print clearly and complete ALL information

Name: _____

Please include any names you may also use for payment or artistic purposes

Address: _____

City: _____ Zip: _____

Telephone: Home _____ Cell _____

e-mail: _____

The only way I am able to receive written information is through Snail Mail.

Birthday (no year): _____ Spouse: _____

Your Art Specialty: _____

(may list more than one)

Programs I would like to see: _____

This is what I can do to help WAL: studio greeter help hang pictures make phone calls
or help by? _____

Student Membership (9th Grade & up) is **\$15.00**
School _____

Send this form and dues of \$30.00
(\$10 of the dues will go toward our scholarship)

Mail to:

Women's Art League
P.O. Box 983
Cuyahoga Falls, OH 44223



Terrie Haley - Treasurer / 408-318-3586

Linda Hoosic - Membership / 330-896-0721

PAID by:

____ CASH

____ CHECK # _____