

Send Application to:
Scottsdale Artists League, P.O. Box 1071, Scottsdale, AZ 85252-1071, Attn: Membership Chairperson

MEMBERSHIP APPLICATION FOR SCOTTSDALE ARTISTS LEAGUE

Date _____

FISCAL YEAR ---- JULY 1 TO JUNE 30

**ANNUAL
DONATION**

New

Minimum Age - 18 Years (Please print and answer all that apply)

\$36.00 yr - Individual
\$42.00 yr - Family
\$50.00 yr - Patron
(or More)

Renewal

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

ART MEDIA USED _____

ART BEAT DELIVERY (newsletter) "Colorful Version" by e-mail
(You will be notified by e-mail each month with a URL to the website location)

ART BEAT DELIVERY - mailed to your home address

I do not want my name and phone number included in the member directory on
the SAL Website
(www.scottsdaleartistsleague.org)

PLEASE CHECK HOW YOU WILL BE WILLING TO HELP THE LEAGUE

Assist with Shows

Accept a Board Position

Plan Workshops

Assist with Exhibitions

Telephone Committee

Teach a Workshop

Hang and Take Down Shows

Assist With Ways and Means

Demonstrate at Meetings

Work on a Committee

Sell Advertising Space

Help with Refreshments

Help with Membership

Publicity

Newsletter Circulation

Scholarship Committee

Other

Include Summer address, if different, and you want to receive the Art Beat
