



MEMBERSHIP APPLICATION

Please print or type

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

I am applying for:

- New Associate Member** _____ **\$55.00**
(Includes \$45 annual dues plus \$10 one-time initiation fee)
- Patron Member** _____ **\$25.00**
For art collectors and non-artists who wish to learn more about fine art and participate in art community activities
- Annual Spouse/Partner* Member** _____ **\$25.00**
(*Spouse/Partner: a person living in the same household as the Primary Member.)
- Student Member** _____ **\$25.00**
(Full time high school, community college or university art student over 17 years old.)

I am interested in volunteering in the organization. Please contact me.

I apply for membership in the California Art League and will abide by all regulations of the organization. If applying as an Associate member, I understand that I will join as and remain an Associate Member until I have been accepted as an Exhibiting Member by the Exhibit Committee. Enclosed is a check or money order payable to the CALIFORNIA ART LEAGUE for dues listed.

Signature: _____ Date: _____

Please sign and date application.

Please mail your check made payable to the *California Art League* and the completed application form to:

Ken Ronney, CAL Membership Chair, 7357 Hesperia Ave., Reseda, CA 91335

For questions regarding membership, contact Ken at (818)996-1630 or Kronney@aol.com

Referred by: _____