

COLONIE ART LEAGUE MEMBERSHIP FORM

RENEWAL

NEW MEMBER (You must be 18 years of age to join)

First Name:	Last Name:
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Address:

City:	State:	Zip Code:
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Primary Phone:	
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Secondary Phone:	Website:
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Email Address:

MEDIA OF INTEREST

Oil
 Acrylic
 Watercolor
 Pastel
 Photography
 Other _____

VOLUNTEERS

Please consider volunteering for one or more of the following:

<input type="checkbox"/> Leadership	<input type="checkbox"/> Mail Distribution	<input type="checkbox"/> Annual Dinner	<input type="checkbox"/> Workshops
<input type="checkbox"/> Shows	<input type="checkbox"/> Refreshments	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Publicity
<input type="checkbox"/> Membership	<input type="checkbox"/> Children's Program	Other _____	

MEMBERSHIP DUES

Membership runs from September 1st through August 30th

Standard Membership \$40.00 _____

Senior Membership (62+) \$35.00 _____

Annual Gift to the Scholarship Fund _____

Annual Gift to Colonie Art League, Inc. _____

DATE: _____ **CHECK #** _____ **CASH:** _____ **AMOUNT:** _____

Make your check payable to Colonie Art League Membership, P.O. Box 941, Latham, NY 12110

Membership forms can be downloaded from our website www.colonieartleague.com