

COLONIE ART LEAGUE MEMBERSHIP FORM

☐ RENEWAL

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

First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Primary Phone:		
Secondary Phone:	Website:	

Email Address:

MEDIA OF INTEREST

☐ Oil ☐ Acrylic ☐ Watercolor ☐ Pastel ☐ Photography ☐ Other

VOLUNTEERS

Please consider volunteering for one or more of the following:

☐ Leadership ☐ Mail Distribution ☐ Annual Dinner ☐ Workshops
☐ Shows ☐ Refreshments ☐ Scholarship ☐ Publicity
☐ Membership ☐ Art Instruction Other _____

MEMBERSHIP DUES

Membership runs from September 1st through August 30th

Membership Dues \$35.00 _____

Donation to the Scholarship Fund _____

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

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

How did you learn about CAL?

☐ Website
☐ Publicity (i.e., CAL newsletter, newspaper, etc.)
☐ CAL shows
☐ Friend
☐ Other _____

Membership forms can be downloaded from our website www.colonieartleague.com
There is also the option of completing the form on-line and paying with PayPal.