

ALL

ART LEAGUE OF LELAND

Office Use: Member# _____

Date Payment Rec'd: _____

Cash Check Credit

MEMBERSHIP

Please print clearly so we can add you to our database.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Annual Membership Fees (Please check one)

Individual: \$30

Couple: \$50*

*A separate membership form is required for each spouse.

Please check one:

New Member

Renewing Member

In what general category would you place your artwork and/or interest? Check all that apply.

Drawing Glass Jewelry Painting Photography Pottery Printmaking
 Sculpture Supporter Textiles Woodworking Other: _____

We are an all-volunteer organization. We need our members to help in a variety of ways to continue ALL's success. Please indicate ways that you might be willing to volunteer your talents. Check all that apply. Go to www.artleagueofleland.org for descriptions of committee tasks and positions on the Board of Directors.

Serve as a board member/officer

Serve on a committee. Check all that apply.

ALL Exhibition Communications Education Finance Fundraising (as needed)

Web Development & Maintenance Membership

Demonstrate a specific artistic skill or share artwork at a meeting. Skill: _____

Do you have experience with any of the following? Board of Directors Budgeting/Accounting

Computer Graphics Event Organization/Hospitality Jurying or Hanging an art show Legal

Management Public Relations Website/SocialMedia Writing/Editing Workshop Leadership

Using Excel, PowerPoint or other program(s):

How did you hear about ALL? _____

Questions? Email us at: artleagueofleland@gmail.com