



Office Use: Member # _____
Date Payment Rec'd: _____
Cash ___ Check ___ Credit ___

Membership Form

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

Please indicate ways that you might be willing to participate or volunteer your talents. Check all that apply. Go to www.artleagueofleland.org for descriptions of the tasks of the various committees and the positions on the Board of Directors.

- Serve as a board member
- Serve on a committee. Check all that apply.
 - Communications
 - Education
 - Art Exhibition
 - Web Development & Maintenance
 - Finance
- Demonstrate a specific artistic skill or share artwork at a meeting. Skill: _____

How did you hear about ALL? _____

Please mail this application with your check to:

Make check payable to: Art League of Leland

Art League of Leland
PO Box 755
Leland, NC 28451

Questions? Email us at: artleagueofleland@gmail.com