



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: _____

If you are willing to participate or volunteer your talents, please tell us how. Check all that apply.

- Serve as a board member
- Serve on a committee. Check all that apply.
 - Communications
 - Education (workshops, presentations, field trips, etc.)
 - Art exhibition
 - Web development & maintenance
 - Fundraising
- Personally demonstrate a specific artistic skill or technique 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