



MEMBERSHIP FORM

Please enroll me as a member of the
BILLINGS ARTS ASSOCIATION

NAME _____

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CITY _____ STATE _____ ZIP _____

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Dues per year: Individual \$25, Family \$30, Student \$20.
Make check payable to BAA and send with this form to:

Billings Arts Association
P.O. Box 81273
Billings, MT 59108