***Burlington Artists League***

***Membership Application Form***

#### P.O. Box 2016, Burlington, NC 27216, (336) 584-3005

Email: balartgallery@gmail.com

www.burlingtonartistsleague.com

*(Please print clearly)*

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Name: (Last) (First) (MI) Date

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Address City State Zip

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Home Phone Mobile Phone (Optional Business Phone)

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Email address

*The information regarding age, race, and disabled / handicap status are necessary when applying for grants that may be used to assist in financing projects to promote our local artists in classes, shows and workshops.*

*Please circle the appropriate response*.

Age range: 18-30 31-40 41-50 51-60 60-65 Older Handicapped /disabled YES ( ) NO ( )

Race: Asian Hispanic Black Caucasian American Indian Mixed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media(s) of Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Experience: ( ) Beginner ( ) Intermediate ( ) Advance ( ) Professional ( ) Instructor

The Burlington Artists League membership year runs January 1 through December 31st of the each calendar year. New members after November 1 will be members in good standing until December 31st of the following calendar year. The annual BAL membership fee is $35.00.

A separate BAL Gallery application must be completed along with the payment of 3 months fees prior to your exhibiting in the gallery. (A roster containing your name and contact information may be distributed to other BAL members.)

( ) I would like to receive an application form for membership into the BAL Fine Arts Gallery.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**>>>>>>>>>>>>>>>>>>>>Please complete for the BAL Treasurer<<<<<<<<<<<<<<<<<<<<**

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Name Phone No’s with area code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

BAL annual dues: $35.00 per year (January 1 through December 31)

If renewal is not received by January 31, your name will be removed from the Membership roster.

Dues paid by: ( ) Check no. \_\_\_\_\_\_\_\_\_ ( ) Cash \_\_\_\_\_\_\_\_\_\_\_

Receipt Book Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dues received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) BAL Membership Card issued Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) BAL By-Laws book issued Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Members Roster issued Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 10-30-20