BAA Membership Form

Please enroll me as a member of the
BILLINGS ARTS ASSOCIATION

NAME _____

ADDRESS _____

CITY _____STATE_____ZIP _____

TELEPHONE _____

EMAIL_____

YOUR WEBSITE _____

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

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

Please print legibly