



# Jefferson City Art Club Membership Application Form

We are glad to have you as a member! We need this form filled out to show you as a registered member of the Jefferson City Art Club and for insurance purposes. Please complete and return this form with your payment of \$25.00 (Member) and/or \$5.00 (Family Member living in same household of Member) made payable to the Jefferson City Art Club to: Sharon Lueckenhoff, PO Box 202, Westphalia, MO 65085. (If paid online through the JCAC website, the cost will include Square processing fees and will cost \$26.03 for members or \$31.17, member plus family member).

Dues shall be paid to the Treasurer before May 1 of each fiscal year after which time they become delinquent. However, any dues paid by new members elected to membership at the last two meetings of the fiscal year, shall be recognized as dues for the following year.

About the meetings and your membership: We meet the third Monday of each month from September through November, and again February through May. We have a carry-in meal in September and in May at 6:00 pm before the meetings. The meetings October through April begin with social/snack time at 5:30 pm and meeting beginning at 6:00 pm. Meetings may be held by Zoom or cancelled due to weather or pandemic.

## Your membership includes:

1. Reduced Exhibit Fees.
2. Interesting programs at club meetings.
3. May vote on Art Club Bylaws and other issues that affect the Art Club.
4. May serve as an officer of the Club.
5. Recognition for your art and volunteerism.
6. Insurance.

## PLEASE COMPLETE THE FOLLOWING:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Family member joining with you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Place check mark by any and all activities you would be interested in doing and/or helping with.

### COMMUNITY PROJECTS AND COMMITTEES:

Ruth Hogan Children's     Adult Fine Arts Exhibit     High School Sketch Day     Professional Show Art exhibit

Capital Arts Gallery     Fling     Constitution & By laws     Nominating

Committee

Committee

Social Concerns: (Includes: sending Get Well Cards, Sympathy Cards, notify meeting hosts/hostesses, in charge of receptions.)

President       First Vice-President       Second Vice-President       Secretary       Treasurer

Chairperson of a Committee: Name of Committee \_\_\_\_\_  
 Host/hostess for meeting: (This means bringing snacks for the meeting) Month \_\_\_\_\_

**ACTIVITIES:**

Zoom Host/Hostess  
 Website  
 Audit Books  
 Featured Artist Chairperson ( Publicity for Featured Artist)

Historian  
 Facebook & Newspaper, Calendar  
 Featured Artist for Interview & Recognition  
 Yearbook

**Please provide two references:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_

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**hereby submit my application:**

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

**I UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND ONLY USED BY THE EXECUTIVE BOARD COMMITTEE TO DETERMINE MY ACCEPTANCE INTO THE MEMBERSHIP OF THE ART CLUB.**

**(For Executive Board Committee Use Only)**       Accept       Reject

Reason for Rejection: \_\_\_\_\_

