Peninsula Art Association

Date: _____ **Membership Application**

Dues are collected annually (January to January). Please check the appropriate membership category below.

☐ Individual $25 ☐ Membership Assistance Donation $_____

☐ Family $35 (Limited to 2 at the same address)

Please Include information for both parties if a Family Membership. Use mailing address.

Name:_____

Name:_____

Address:_____

Home Phone: _____ Cell: _____ Cell: _____

E-mail: _____ E-mail: _____

Contact Preference: ☐ Phone call ☐ Text Message ☐ Email

How did you find out about PAA?

_____

Please note that membership gift certificates are available. Give the gift of creativity!

☐ Yes! This is a gift from _____

☐ I would like the certificate to be mailed directly to the recipient.

OR

☐ I would like the certificate to be mailed to me.

Address:_____

OR

☐ I would like to donate to Membership Financial Assistance for anyone who needs it.

☐ I would like to pay Membership dues for: _____

Send Application to: PAA PO Box 11, Shelton, WA 98584

Date Paid: Amount paid: Cash/Credit Card/Check# _____