

PENINSULA ART ASSOCIATION



Date: _____

Membership Application

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

Individual (\$25) _____ Family (\$35) _____ (limited to 2 at the same address)

Please include information for both parties if a Family Membership. Print clearly and use Mailing address.

Name: _____

Name: _____

Address: _____

Phone: _____ E-mail _____

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 _____

Send application to: PAA. PO Box 11, Shelton, WA 98584