



# 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: \_\_\_\_\_

Cell: \_\_\_\_\_

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 \_\_\_\_\_

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

Date Paid:

Amount:

Cash/Credit Card/Check #: \_\_\_\_\_