



**Malibu Art Association, Incorporated**  
**P.O. Box 414**  
**Malibu, CA 90265-4112**

**Malibu Art Association Membership Form**

The membership year is from January 1, 2025 through December 31, 2025. Please fill out the form below and return it to the address above. Make payment to: **The Malibu Art Association Inc.**

**Select options:**

\_\_\_\_\_ Single Membership \$50.00 (expires December 31, 2025)

\_\_\_\_\_ Sponsor Membership \$75.00 (expires December 31, 2025)

\_\_\_\_\_ Patron Membership \$150.00 (expires December 31, 2025)

\_\_\_\_\_ I would also like to make a donation to the MAA \$ \_\_\_\_\_

\_\_\_\_\_ I would also like to include my art on the MAA web page - \$20.00 \$ \_\_\_\_\_  
(expires December 31, 2025)

Total Amount Enclosed \$ \_\_\_\_\_

Please print:

First name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

☐ \*E-Mail \_\_\_\_\_

☐ \*Website \_\_\_\_\_

*\*Please place an X in the box if you would like your E-mail and/or website included on our Member website.*

I work in the following mediums: \_\_\_\_\_

(Oil, Acrylic, W/C, Sculpture, Collage, Computer Arts, Photography, etc.)

\_\_\_\_\_ I will volunteer, please contact me.

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

**inquire to: [pamelas301@gmail.com](mailto:pamelas301@gmail.com)>**