



## Mesa Art League Membership Application

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ website: \_\_\_\_\_

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

year round resident?  Winter resident?  Veteran

Your medium: \_\_\_\_\_

Renewal (\$35) due January of each year  Membership good through the end of the year.

### NEW MEMBERS DUES STRUCTURE:

If joining January through April - \$35  Family membership \$50

If joining May through August - \$25  Family membership \$40

If joining September or October - \$15  Family membership \$25

If joining in November or December - \$5  Family membership \$5

We appreciate your volunteer time. Should you wish to volunteer, please choose the area you feel most comfortable assisting with, please check at least one:

Hospitality  Publicity  Demonstration  Membership  Social Media  Art Shows  Venues  
 Lead a workshop  Other \_\_\_\_\_

Other Memberships and Supporters – A tax deductible Charitable Contribution for: DONATIONS APPRECIATED:

Friends of MAL - \$50  Sustaining - \$75  Patron - \$250  Corporate - \$750

Veterans Outreach Art Program - \$ \_\_\_\_\_  Other \_\_\_\_\_

The Mesa Art League is a 501c3 not for profit Art Organization providing art assistance to the ART and VETERAN community of Arizona. A participating artist membership is open to all persons over 18 years of age and offers the opportunity to vote and hold an office. Participation also includes but is not limited to the displaying of ORIGINAL ART in all of the Mesa Art League art shows and venues.

**To Pay on Line:** by PayPal or Credit card you may go to MesaArtLeague.com under Membership page. The membership form is under Forms **please print it out and mail to the address below.**

**To pay by check:** Make payable to Mesa Art League and mail to Mesa Art League, Membership – P.O. Box 7733, Mesa, AZ 85216-7733 **Please include this form with payment.**

DUES ARE TAX DEDUCTIBLE

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**For Office only:**

Membership Paid Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Check number and Date: # \_\_\_\_\_ Date \_\_\_\_\_

Taken by (Please Print) \_\_\_\_\_