

WAA MEMBERSHIP APPLICATION FORM

Name: _____

Spouse Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Cell Phone: _____ Web Address: _____

Please check the WAA committee(s) on which you would consider serving:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Exhibitions |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Membership | <input type="checkbox"/> Historian |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Facilitating a class | <input type="checkbox"/> Programming |

Signature

Date

Send the above application to the Membership Chairperson

Mail Payment to:



Willingboro Art Alliance
Attention: Membership Chairperson
Margaret Mary Vail
92-B Greenfield Lane,
Monroe Township, New Jersey
08831

If dues are received before December 31, the cost is \$25
After January 1 the cost is \$30 per member (spouse is free)
Full time student \$10