

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 WAA attention Membership Chairperson



Mail Payment to:

Willingboro Art Alliance
Attention: Membership Chairperson
PO Box 2276
Willingboro, NJ 08046

If dues are received from October to December 31,
the cost is \$25 for the following year
From January 1 to September 30,
the cost is \$30 per member (spouse is free) for the current year
Full time student \$10