



The Villages Art League

APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

THE VILLAGES, FL ZIP CODE 321 _____

TELEPHONE 352/ _____ E-MAIL _____

ART MEDIUM(S) _____

FAVORITE SUBJECTS _____

DATE MOVED TO THE VILLAGES _____

MOVED FROM _____

INFORMATION ABOUT YOURSELF THAT YOU WOULD LIKE TO SHARE

To be completed by Treasurer or Membership Chair

JOINED/DUES PAID DATE _____ FOR YEAR _____

YR _____ \$ _____ YR _____ \$ _____ YR _____ \$ _____

YR _____ \$ _____ YR _____ \$ _____ YR _____ \$ _____

YR _____ \$ _____ YR _____ \$ _____ YR _____ \$ _____