

ASSOCIATED ARTISTS of the INLAND EMPIRE

MEMBERSHIP APPLICATION FORM

Please, print all information.

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ CELL (_____) _____

EMAIL: _____@_____

CHECK ONE MEMBERSHIP CLASSIFICATION:

- Regular Membership - \$25/yr.** (Must pay \$2.00 at each regular demo meeting.)
- Special Membership - \$40/yr.** (Includes one year's cost of most demo programs.)
- LIFE Membership - \$300.00** (First year's cost of demo programs is free.
Second year on, member pays \$2 per meeting attended.)

Check one: **New Membership** **Renewal**

Newsletter Save a Stamp Option: Please, send me my monthly member newsletter by EMAIL
rather than a printed, mailed copy.

My email is _____ @ _____

Please, enclose a copy of this form with check payable to: ASSOCIATED ARTISTS

MAIL TO:
ASSOCIATED ARTISTS - c/o GINGER MARSHALL, 11112 Antietam Dr.; Alta Loma, CA 91737.

MEMBERSHIP BEGINS ANNUALLY APRIL 1 OF EACH YEAR.