



Sanford Seminole Art Association

P.O. Box 2918, Sanford, FL 32772

www.SanfordSeminoleArt.com

MEMBERSHIP APPLICATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

(This information is only used to notify members of events and official business)

Art Interests

_____ Graphics

_____ Pottery

_____ Wood Carving

_____ Mixed Media

_____ Sculpture

_____ Pen & Ink

_____ Oils

_____ Watercolor

_____ Digital Art

_____ Acrylics

_____ Photography

_____ Pastels

Other _____

I would like to assist in the following selected committees:

Standing Committees

_____ Membership

_____ Web Coordinators

_____ Hospitality

_____ Membership Shows

_____ Publicity

_____ Plein Air

_____ Historian

_____ Care & Concern

_____ Programs

_____ Community Projects

Other Committees & General Interests

_____ Holiday Dinner

Other _____

_____ Refreshments

Other _____

Note: Currently, annual dues are \$25 per year. Please enclose your check payable to "SSAA" and mail it to the address at the top of this application. DO NOT MAIL CASH. If you must pay by cash please bring this application and your dues payment to the next regular meeting and request a signed receipt.

Thank you,
Membership Chairman