



Sanford Seminole Art Association

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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

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Pottery | <input type="checkbox"/> Wood Carving |
| <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Sculpture | <input type="checkbox"/> Pen & Ink |
| <input type="checkbox"/> Oils | <input type="checkbox"/> Watercolor | <input type="checkbox"/> Digital Art |
| <input type="checkbox"/> Acrylics | <input type="checkbox"/> Photography | <input type="checkbox"/> Pastels |

Other _____

I would like to assist in the following selected committees:

Standing Committees

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Web Coordinators |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Membership Shows |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Plein Air |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Care & Concern |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Community Projects |

Other Committees & General Interests

- | | |
|---|-------------|
| <input type="checkbox"/> Holiday Dinner | Other _____ |
| <input type="checkbox"/> 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