

BAA Membership Form

Date: _____ New Member _____ Renewing Member _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone number _____ Work phone number _____

E-Mail _____

Select your Annual fee:

Individual: \$25.00 Family: \$35.00 Business: \$50.00

Student: (with ID) \$15.00 Tax deductible donation \$_____ It is up to you

I am interested in:

Teaching Classes _____ Attending monthly meetings _____

Meeting Other Artists _____ Participating in Shows _____

Attending Workshops _____ Attending Demonstrations _____

Doing Workshops _____ Doing Demonstrations _____

We need your help:

Please pick one or more of the following positions to help with:

Board member _____ Coordinator for Shows _____ Find new members for BAA _____

Writing a Grant _____ Coordinator for Venues _____ Find new markets for BAA _____

Media: Which media(s) do you work with? _____

Other Skills:

Please mention other skills different than art that you have: _____

Mail your check and application to:

Boulder Art Association P.O. Box 20185 Boulder, CO 80308-3185