

# Island Art Association Membership Application

**New Membership**

**Renewal**

**FULL NAME**

**STREET ADDRESS**

**STREET ADDRESS**

**CITY**

**STATE**

**HOME PHONE**

**ZIPCODE**

**CELL PHONE**

**EMAIL**

Area Code - Number

Area Code - Number

**I WOULD LIKE TO VOLUNTEER FOR:**

Art Festivals

Gallery

Art Education

House & Property

Computer Support

Membership

Scholarships

Program Arrangements

Marketing

**CHOOSE TYPE OF MEMBERSHIP**

Student

(\$10)

Family

(\$85)

Supporting

(\$50)

Exhibiting Artist

(\$125)

**Please send completed form and check or money order to:**

Island Art Association

attn: Membership

P.O.Box 17251

Fernandina Beach FL 32035