



Essex Art Association  
P.O. Box 193  
Essex, Connecticut 06426  
860-767-8996  
www.essexartassociation.com

# Membership Application and Renewal Form

### 1 - Dues

Please select the appropriate membership category. Your dues are for the calendar year January 1 - December 31.

- Associate Artist . . . . . \$40.00
- Elected Artist . . . . . \$50.00
- Lifetime Elected Artist . . . \$500.00
- Non Artist Membership . . . \$35.00

*To qualify for Elected Artist status, you must be an Essex Art Association Associate Artist and have had at least one piece accepted into three separate JURIED EAA art shows within the last five years.*

### 2 - Donations

- Supporter . . . . . up to \$99
- Donor . . . . . \$100 - \$499
- Benefactor . . . . . \$500 - \$999
- Patron . . . . . \$1000 or more
- I wish to establish an EAA fund in my name. Please contact me to confirm details.

*Your donation, large or small, is sincerely appreciated and vitally important to the continued growth of the EAA. Your donation is tax deductible to the extent allowable by law.  
(Please check with your professional financial advisor.)*

### 3 - Volunteer Opportunities

- Chair an art show
- Hang paintings for a show
- Bring flowers to a show
- Bring refreshments for a show
- Help during drop-off/pickup days
- Gallery sit during a show
- Gallery grounds maintenance
- Help with seasonal cleanup

*Thank you so much for your willingness to help. Someone will contact you regarding your volunteer selections. Thanks again!*

### 4 - Contact Information

The information you provide in this section will be used in the following ways:

- to send you timely information regarding upcoming art exhibitions and events
- to keep an accurate database of our membership
- to provide accurate info on our website

**It is very important that you fill out the information legibly and completely. Thank you.**

Your information will be kept confidential and will not be shared by the EAA.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website address \_\_\_\_\_

Amount enclosed \_\_\_\_\_

Please make your check payable to "Essex Art Association." Return this form, along with your check, to: Essex Art Association, PO Box 193, Essex, CT 06426.