Membership Application/Renewal Form

The Essex Art Association welcomes your dues and donations. Of equal value is the support you exhibit by volunteering. Thank you in advance!

Name ____________________________________________________________

Address ________________________________________________________________________________________________

City ___________________________ State _____ Zip code _____________

Email _______________________________ Phone ( ) _______________________

Your website address ________________________________________________

Please select the appropriate category:

☐ $35 (Supporting Member) ☐ $50 (Elected Artist Member)
☐ $40 (Associate Artist Member) ☐ $500 (Lifetime Elected Artist Member)

My additional donation:

☐ Friend $1-$99 ☐ Benefactor $500-$999
☐ Donor $100-$499 ☐ Patron $1000+

I will support by volunteering for the following:

☐ Chairing an art show ☐ Bringing refreshments for a show
☐ Bringing flowers to a show ☐ Helping with seasonal cleanup/prep
☐ Gallery sitting during a show ☐ Distributing show posters and invitations
☐ Hanging artwork for a show ☐ Helping during drop-off/pick-up days

Please mail this completed form, along with your membership dues/donation (check made payable to Essex Art Association) to:

Essex Art Association, P.O. Box 193, Essex, CT 06426