



Associated Creative Artists ♦ Membership Application

Print and complete form, send it along with check or money order (payable to Associated Creative Artists):
Associated Creative Artists; P.O. Box 2968; Garland, TX 75041

Name _____

Address _____

City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

E-Mail _____

Please Note: The above is included in the member directory and, on request, given to Award Show donors.

☐ **Do not give my e-mail address to donors.**

Sending your ACA News by e-mail saves postage, as well as, giving you better quality photos than the print version. ☐ **Yes, ACA may e-mail my newsletter.**

How did you learn about ACA? _____

What art **medium** do you use? (oil, watercolor, etc.) _____

☐ **Yes, I currently teach** art classes (other than in schools). I teach _____

Volunteers operate ACA. ☐ **Yes, I would like to volunteer.** I am best suited for: ☐ Leadership

☐ Finance ☐ Communication ☐ Marketing ☐ Refreshments ☐ Organizing ☐ Other _____

Please Note: Membership is from June 1 of the current year to May 31 of the next year. New members joining January, February or March pay one-half of the annual dues and membership will end May 31 of the current year.

Check One: ☐ **Active Membership-\$35.00** ☐ Check number _____ ☐ Money Order
Includes all privileges of membership including participation in the Annual Award Show.

☐ **Associate Membership-\$25.00** ☐ Check number _____ ☐ Money Order
Includes all privileges of membership **except** no voting or participation in the Annual Award Show.

☐ **Yes, I fully understand** ACA promotes original art and that copies or class work **are not permitted** in any exhibit or show that ACA sponsors.

I herewith apply for membership in Associated Creative Artists and agree to support and abide by the Constitution and By-Laws of the Organization.

Signature _____ Date _____

☐ **Yes, I am an ACA Signature Member.**

ACA website and E-mail: www.acadallas.org admin@acadallas.org

For Office Use: Deposit Date: _____

10/2009