

ASSOCIATION OF REPRESENTATIONAL ARTISTS
REGISTRATION FORM



Cost of Membership: Single \$40.00 Family \$60.00* Out of Town \$25.00 *
Student Free (certain conditions apply)

DATE: _____

NAME: _____

(please print)

ADDRESS: _____

(please print)

City/Town

Postal Code

PHONE: _____ (home) CELL (optional) _____

EMAIL: _____

(required to send ARA related emails)

One of the benefits of membership is having photos of your work on our website.

If you opt to take advantage of this opportunity, please advise what you want or do not want published under the ARTISTS page.

Email Address YES or NO (circle) Phone Number YES or NO (circle)

If you have your own personal website, would you like it linked from the artist page? YES or NO (circle) Your

Website address: _____

Would you be interested in volunteering on an ARA Committee? YES or NO (circle)

Have you ever taught Art? YES or NO (circle)

Are you an art student currently enrolled in an art school YES or NO (circle)

Please note: As per the ARA By-laws, annual membership fees shall become due and payable by the first day in January of each year. Memberships run from January to December of each year for all members regardless of what month they joined.

By signing this form, you agree to abide by the ARA by-laws (see www.arawindsor.com) and give permission to email ARA related information

Your Signature

WELCOME TO THE ARA!