

**Membership Application**  
**Reading Art Association**  
**P.O. Box 114**  
**Reading MA, 01867**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Type of Membership (Check One)

- Student (21 or under) \$5
- Associate ..... \$15
- Artist ..... \$25
- Sponsor ..... \$35

Please check the appropriate box(es) for activities with which you would like to help.

- Fall Exhibit
- Spring Exhibit
- Hospitality
- Officer/Committee
- Other \_\_\_\_\_

Preference of Medium

- Oil
- Watercolor
- Pastel
- Acrylic
- Sculpture
- Photography
- Other \_\_\_\_\_

How did you hear of us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues are due annually on your anniversary date of membership. Please print this form and return it with money order or check payable to Reading Art Association, Inc. at the above address. We hope you will enjoy this year with us.