



P.O. Box 2665 Dunedin Florida 34697

Membership Application
PLEASE PRINT EVERYTHING CLEARLY- No scribbles, writing, or messy penmanship

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone(s) () _____

Email _____ Website: _____

Membership category (Please check)

Medium (s)

___ \$45 Individual

1. _____

___ \$70 Family (Artist Couple)

2. _____

___ \$60 Patron (Corporate/Business)

___ \$25 Student (Available for high school and undergraduate students. Please provide documentation that you are currently enrolled. If under 18, please have guardian sign giving permissions.)

_____ TOTAL ENCLOSED

Membership includes free listing on website with a gallery page.

Art Background: _____

How did you hear about PAVA: _____

How can PAVA help you as an artist _____

Membership year is from February 1st to January 31st of the following year
Make checks payable to PAVA and return with this form to:
PAVA, PO Box 2665, Dunedin, FL 34697-2665

Call me! I'll volunteer for: (Circle several!)

Meeting Planner; Exhibition planning; Receptions; Board of Trustees; Newsletter; Website; Publicity;
Other _____