

Membership Application

Name	
Address	S Zip
Email*	
Cell Ph	one Landline/other
Artistic	Medium
Men	nbership Type/Dues
<u> </u>	Individual: \$25/year (due annually in January)
	Family/Household: \$35/year (one additional member, due in January)
Name o	of second family/household member
Email ((if different)* Cell phone (if different)
*Ema	ail is the official method of communication with members and is required.
Plea	se mail this form along with membership dues to:
PO E	ntain Artists Box 188 odland Park, CO 80866

Mountain Artists is a 501(c)(3) organization

themountainartists.org or themountainartists@gmail.com

For more information: