Lake Chelan Artist Alliance Membership Form

Name:_____

E-mail address:_____
(E-mail is our primary means of communication with our members and supporters and addresses are not shared.)

Mailing address: _____

Phone number: _____

Memberships:

___ Individual / Participating Members $25 ___ Business $50

___ Executive $100 - My donation is to go toward _____

___ Sponsorship (Minimum amount $25): Amount _____

Checks can be made payable to: Lake Chelan Artist Alliance
and sent to Lake Chelan Artist Alliance PO Box 1323, Chelan, WA 98816
E-mail lcartistalliance@gmail.com if you would like to pay by CC (additional fees may apply).

___ I want to be a Participating Artist!
- Include three digital, CD, or printed sample images (e-mailed JPEG images are accepted).
- E-Mail to: lcartistalliance@gmail.com
  Mail to: Lake Chelan Artist Alliance PO Box 1323, Chelan, WA 98816

___ I have read and will abide by Washington State Copyright Laws.

___ I have read and will abide be the Lake Chelan Artist Alliance By-Laws.

Signature _____ Date _____
(type your name if you are signing electronically)

This Membership Form is automatically renewed as dues are paid each year.