

Lake Chelan Artist Alliance Membership/Sponsorship Form

Name: _____

E-mail address: _____

(E-mail is our primary means of communication with our members and supporters. Addresses are not shared.)

Mailing address: _____

Phone number: _____

I want to be a Member!

Membership Fee \$25 (See ByLaws for Benefits of being a Member)

- Submit three digital, CD, or printed sample images of your work.

- E-Mail to: lcartistalliance@gmail.com

- Mail to: Lake Chelan Artist Alliance PO Box 1323, Chelan, WA 98816

- Facebook at: ChelanArtistAlliance

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

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

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

This form is automatically renewed as dues are paid each year.

I want to Sponsor!

Sponsorship (Minimum amount \$20): Amount \$ _____

My donation is to go toward (optional) _____

(Sponsorships are annual, includes website presence and advertising if Sponsor is/has a business or a venue.)

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

Checks can be made payable to: Lake Chelan Artist Alliance
Mail 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).