



# PINELLAS PARK ART SOCIETY

## Membership Application

Today's date: \_\_\_\_\_

**IMPORTANT: Memberships are renewed on the anniversary of your join/renewal date.(Date entered above.)**

Checks or money orders only. Please do not mail cash. Please make check payable to **Pinellas Park Art Society (PPAS)**. Mail to: **P.O. Box 3106, Pinellas Park, FL 33780**. Prices subject to change without notice. All memberships are non-transferable. *(Please Print)*

Applicant's Name: \_\_\_\_\_

Spouse/Children's Names (if family membership): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ cell \_\_\_\_\_ landline \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Membership: *(Circle One)*

Individual \$40.00    \*\*Family \$50.00    Lifetime Family \$350    Individual Lifetime \$225.00

**\*\* A family, for the purposes of membership, shall be a minimum of two people (over the age of 18) being at the same address.**

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

Reason for joining PPAS? \_\_\_\_\_

Media *(Circle all that apply)*:

Graphite/Pencil    Oil    Watercolor    Acrylics    Mixed Media    Alcohol Ink    Digital Art    Pastels    Photography

Other \_\_\_\_\_

I would like to help with *(Circle all that apply)*: Hospitality    Art Walk    Finance    Grant Writing    Marketing

Scholarship Committee    Software/Website    Teaching Classes/Workshops    Other \_\_\_\_\_

I hereby release the Pinellas Park Art Society and the City of Pinellas Park, their officers, directors and agents from any claim due to loss, damage, theft or any other means of my artwork. This includes off-site exhibitions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Parental signature required if under 18)

**Media Release:** I give the Pinellas Park Art Society the right to release my name to all media regarding any event sponsored by the society.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_