

## Membership Enrollment - Please Print

Please enclose this form with your membership enrollment dues of \$25 payable to: DEDHAM ART ASSOCIATION (Credit cards and PayPal also accepted plus \$3 processing fee.)

Mail to: Treasurer, Dedham Art Association

67 Shiretown Road Dedham, MA 02026

 ${\bf Email:} \ \underline{\bf DedhamArtAssociation@gmail.com}$ 

Date: _		
Name:		
Address:		
Teleph	Telephone: Cellphone:	
Email:		
Your website if you have one:		
If you are an artist, what is your medium(s)?		
How did you hear about the Dedham Art Association?		
Do you give DAA permission to include your phone number in a Members' List that will only be accessible to members?Yes No		
Please check off areas where you can lend a hand:		
0	Exhibits for Members Publicity	
	Artist Demonstrations	
	Art Outings (e.g., plein air painting, museum trips)	
	Community Activities	
	Membership	
To pay by credit card, please enter:		
Name on Card:Credit card type (Visa, Mastercard, etc.)		
Credit card number:Expiration:		
Security Code:Amount Paid:		

To pay by PayPal, please use this email address: DedhamArtAssociation@gmail.com