



## Madison Art Society Membership Application

### Directions:

Please fill out the form below and mail it with your yearly membership check (\$25) to: **Madison Art Society, P.O. Box 1383, Madison, CT. 06443.** Dues cover the fiscal year, Jan 1 - Dec 31.

### Please Print:

Name: \_\_\_\_\_

Name of Spouse/SO: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Art Medium: \_\_\_\_\_

### **Madison Art Society is a Team and we rely on your help. Please check off your interests:**

**Volunteer for exhibit shows:** Receiving \_\_\_\_\_ Data Entry \_\_\_\_\_ Hanging \_\_\_\_\_ General Helper \_\_\_\_\_ Reception Food \_\_\_\_\_

**Help coordinate demonstrations:** \_\_\_\_\_

**I am interested in serving on the Board of Directors** \_\_\_\_\_

**Help with Publicity/Marketing** \_\_\_\_\_

**Planning trips to Museums** \_\_\_\_\_

**Website Coordinator** \_\_\_\_\_

**Plein Air Coordinator** \_\_\_\_\_

Enclosed is \$25 for my MAS Membership Dues. This will entitle me to receive MAS mailings and to participate in MAS Members Shows and Workshops.

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