



Membership Application

Mail form and dues to:

ALA Membership

PO Box 94367

North Little Rock, AR 7219-4367

www.arleagueofartists.org

Date of Application _____

Name _____

Street _____

City/State/ZIP _____

Email _____

Website _____

Phone Cell _____

Home _____

Birthday (optional) Month/Day _____

What primary medium(s) do you work in? _____

Would you be interested in volunteering to help with ALA events? _____

How did you find out about ALA? _____

How do you hope to benefit from your ALA membership? _____

Please share with us your personal/professional biography, including awards and accomplishments. _____

Attach your artist's statement, resume, or additional information (optional).

NOTE: Mailing address at the top of the form.

Annual Membership Dues

____ New ____ Renew

Active member
\$35

Student
\$15

Non-exhibiting spouse
\$5