



# Associated Creative Artists ♦ Membership Application

Print and complete form, send it along with check or money order (payable to Associated Creative Artists):  
Associated Creative Artists; P.O. Box 472968; Garland, TX 75047

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please Note:** The above is included in the member directory and, on request, given to Award Show donors.

Do not give my e-mail address to donors.

Member communication and monthly newsletters are distributed by email (as a cost/time saving measure). ACA respects the privacy and management of member information/communication and works to limit contact for ACA's specific activities and necessary updates. Please include admin@acadallas.org in your email address book.

How did you learn about ACA? \_\_\_\_\_

What art **medium** do you use? (oil, watercolor, etc.) \_\_\_\_\_

Yes, I currently **teach** art classes (other than in schools). I teach \_\_\_\_\_

**Volunteers** operate ACA.  Yes, I would like to volunteer. I am best suited for:  Leadership  
 Finance  Communication  Marketing  Refreshments  Organizing  Other \_\_\_\_\_

**Please Note:** Membership is from June 1 of the current year to May 31 of the next year. New members joining January, February or March pay one-half of the annual dues and membership will end May 31 of the current year.

**Check One:**  **Active Membership-\$35.00**  Check number \_\_\_\_\_  Money Order  
Includes all privileges of membership including participation in the Annual Award Show.

**Associate Membership-\$25.00**  Check number \_\_\_\_\_  Money Order  
Includes all privileges of membership **except** no voting or participation in the Annual Award Show.

Yes, I fully understand ACA promotes original art and that copies or class work **are not permitted** in any exhibit or show that ACA sponsors.

I herewith apply for membership in Associated Creative Artists and agree to support and abide by the Constitution and By-Laws of the Organization.

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

Yes, I am an ACA Signature Member.

ACA website and E-mail: www.acadallas.org admin@acadallas.org

For Office Use: Deposit Date: \_\_\_\_\_