

Membership Application

Reading Art Association

P.O. Box 114

Reading MA, 01867

Date _____
Name _____
Street _____
City _____ State _____
Zip _____ Telephone _____
Email _____

Type of Membership (Check One)

- Student (21 or under) \$5
- Associate \$15
- Artist \$30
- Sponsor \$35

Please check the appropriate box(es) for activities with which you would like to help.

- Fall Exhibit
- Spring Exhibit
- Hospitality
- Officer/Committee
- Other _____

Preference of Medium

- Oil
- Watercolor
- Pastel
- Acrylic
- Sculpture
- Photography
- Other _____

How did you hear of us? _____

Dues are due annually in September.

Please print this form and return it with money order or check payable to Reading Art Association, Inc. at the above address. We hope you will enjoy this year with us.

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