Lamorinda Arts Alliance Application for Membership

CA Org No: 2352906 FEIN: 68-0475134

(Please PRINT all information) Date_____

Name(s):_____

Mailing Address:_____

City/ State/Zip:_____

Phone:_____ email_____

Member Category: (check one) ☐ Friend ($15) ☐ Individual Artist ($25) ☐ Family ($35)

Fee Enclosed: (enter the amount checked above) $_____

Additional Donation:

All gifts are welcome; special recognition will be given for the following ADDITIONAL donations:

Supporting: $50-$99 Sustaining: $100-$249 Benefactor: $250 & over $_____

Total Enclosed: $_____

Family memberships – more than one family (artist) member residing at the same address. Please copy this form and submit separate application for each artist.

All donations will be acknowledged; your canceled check is your receipt. Donors of $250 or more will receive a receipt suitable for the IRS. Make checks payable to Lamorinda Arts Alliance and mail with completed form(s) to:

Bill Klaproth 1897 Joseph Dr. Moraga Ca. 94556

Your MEDIA (Check all which apply)

PAINTING:

☐ acrylic ☐ guache ☐ oil ☐ pastel ☐ watercolor

SCULPTURE:

☐ clay ☐ metal ☐ stone ☐ wood ☐ mixed

PRINTMAKING:

☐ etching ☐ lithography ☐ monoprint ☐ videography ☐ woodcut

OTHER:

☐ ceramics ☐ hand-made paper ☐ installation art ☐ jewelry ☐ photography ☐ textiles

☐ mixed media ☐ (specify) _____

VOLUNTEER INTERESTS – Artists who participate in Alliance exhibits, Open Studios, galleries, etc. are expected to also contribute volunteer time to help run programs and events. Please indicate below which areas you feel most comfortable helping with. **Response required for Artist category; optional for Friends.**

☐ Promoting Business Sponsorship
☐ Coordinating events
☐ Publicity
☐ Hospitality/Receptions
☐ Installing shows or exhibits

OTHER SKILLS: If you have any other special skills you would like to share with the Alliance (computer, graphic design, legal, etc.), please describe below.

REV 4/2006