



MEMBERSHIP APPLICATION

(Please Print)

Today's Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Art medium in which you wish to be juried:

Check the type of membership you desire:

- Associate - non-exhibiting artist (\$40.00)
 Artists - must be juried in (\$40.00)
 Lifetime Artist Member (\$500.00)
 Annual Giving (\$_____)

Please choose a committee on which you would enjoy participating:

- Spring High School Art Show
 HOSPITALART
 Art in Public Places
 Visions in Art
 Meeting Programs
 Hospitality
 Other _____
- Fundraising
 Computer
 Newsletter
 Public Relations
 Art Shows
 Wonderful
World of Art

Please enroll me in Women in the Visual Arts.
Enclosed is my check for \$ _____
payable to WITVA.

Signature: _____

OUR MISSION

Supporting Professional Women Artists
in South Florida

Sponsoring Student Artists with
Scholarships and Awards

Sharing the Visual Arts with
Our Community

Please visit our website at
www.witva.org
to obtain more information
on events, exhibits, membership, and
monthly meetings

Women In the Visual Arts is a 501©(3)
organization and all donations are tax
deductible to the fullest extent
of the law. All solicitations and donations
are retained 100% by the organization.

#SC12388



www.witva.org