



SANTA PAULA SOCIETY OF THE ARTS

I hereby apply for membership in the Santa Paula Society of the Arts.

Name (Mr.,Mrs.,Miss,Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Memberships:**

General Membership /\_\_\_/ \$25.00      Associate /\_\_\_/ \$15.00

Lifetime / \_\_\_/ \$200.00                  Patron /\_\_\_/\$50.00

(If joining after Dec. 31st the dues will be 1/2 the yearly dues.  
Dues will be due again at the full amount after June 30th)

I am an ARTIST \_\_\_ POTTER \_\_\_ SCULPTOR\_\_\_ NON-ARTIST\_\_\_ OTHER\_\_\_

My Sponsor or Reference is \_\_\_\_\_

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

I am willing to support by working on Committees \_\_\_\_, Working at the Gallery \_\_\_\_,  
Helping at Special Events \_\_\_\_, Telephoning \_\_\_\_, Other \_\_\_\_\_

**Please note** once a Member **and if showing** in the gallery you are required to sit the gallery.

Print this page, fill out and mail with payment. Please do not send cash, only check or money order made payable to Santa Paula Society of the Arts:

Santa Paula Society of the Arts  
P.O. Box 788  
Santa Paula, Ca. 93061-0788