

MEMBERSHIP ENROLLMENT FORM

DATE: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SEX: _____

MARITAL STATUS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

LANGUAGE: _____

FIELD OF ART EXPERTISE, INTEREST(S), AND/OR TALENT(S):

Please check one of the following voluntary options:

- FINANCIAL SUPPORT
- TIME (teaching, organizing,
participating in activities, etc.)

MANDATORY MEMBERSHIP FEE OF \$50 PER YEAR