

Application for Membership with the Bakersfield Art Association

NEW _____ RENEWAL _____ RETURNING _____

Name _____

Date _____ Phone # _____

Address _____

City _____ State _____ Zip _____

e-mail address _____

Other _____

Check space that applies

___\$45 Individual ___\$40 Seniors (62 plus) ___\$30 Student (age under 25 full time)
___\$55 Family (same household) ___\$100 Patron

All donations are tax deductible

Mail to: Bakersfield Art Association, PO Box 386, Bakersfield, Ca 93302