NATIONAL OIL AND ACRYLIC PAINTERS' SOCIETY MEMBERSHIP APPLICATION

SELECT YOUR MEMBERSHIP CATEGORY

☐ Artist Membership $50

☐ Patron Membership $50 and/or Donation $_____.00

Thank you! This donation is tax-deductible.

FIRST NAME MIDDLE NAME OR INITIAL LAST NAME

COMPANY

ADDRESS

CITY

STATE ZIP COUNTRY

DAYTIME PHONE _____

EVENING PHONE _____

CELL PHONE _____

EMAIL _____

WEBSITE _____

☐ My resumé is enclosed

Medium(s) I Use:

☐ Oil

☐ Acrylic

In addition to the enclosed payment, I wish to donate ____ hours of committee service as follows:

☐ Communications ☐ Hospitality

☐ Development ☐ Jury

☐ Education ☐ Membership

☐ Exhibit ☐ Publicity

☐ Finance ☐ None

Other _____

Comments:

PAYMENT

☐ I have enclosed a check payable to "NOAPSociety"

SIGNATURE **DATE**

Thank you! New or renewed memberships valid until July 1 next year.

noaps1991_usa@noaps.org • www.noaps.org

NOAPSociety • POBox 676 • Osage Beach MO 65065-0676

mhs031412