



# Arkansas League of Artists MEMBERSHIP FORM

Mail form and dues to:  
ALA Membership • P.O. 255 • North Little Rock, AR 72115

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Yearly Membership Fees:

Regular Membership \$30

Student Membership \$10

Non-Exhibiting Spouse \$ 5

### Newsletter:

By Mail \$10

By Email No Cost

Total Amount \$ \_\_\_\_\_

What is the primary medium(s) you work in? \_\_\_\_\_

Would you be interested in volunteering to help with ALA sponsored events? \_\_\_\_\_

What would you consider of most benefit to you as an ALA member? \_\_\_\_\_

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Please give us your personal/professional biography, including awards and accomplishments.

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You may also attach your resume and mail it to us.