



# HERSHEY AREA ART ASSOCIATION

## MEMBERSHIP FORM

Membership is calendar year (Jan-Dec)

Date					
Name					
Address					
City		State		Zipcode	
Email					
Phone	Home		Cell		

NEW OR RENEWING MEMBER: <i>Check one</i>	MEMBERSHIP TYPE: <i>Check one</i>	OPTIONAL DONATION I would like to add: <i>Check one</i>
<input type="checkbox"/> <b>New Member</b> <input type="checkbox"/> <b>Renewing Member</b> <i>If renewing, is any information new (please check)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Individual (\$30)</b> <input type="checkbox"/> <b>Family (\$45)</b> <input type="checkbox"/> <b>Student (\$10)</b> School _____ <i>Parental/Guardian signature required if student is under 18 years of age:</i> _____ <i>Signature</i>	<input type="checkbox"/> <b>\$5</b> <input type="checkbox"/> <b>\$10</b> <input type="checkbox"/> <b>\$15</b> <input type="checkbox"/> <b>Other \$ _____</b> <i>*Donations will be applied to Scholarship or other Association needs.</i>
<b>Total Amount Enclosed: \$ _____</b> <b>Please mail form and check payable to:</b> <b>Hershey Area Art Association PO Box 654, Hershey, PA 17033-0654</b>		

**Optional Information: Please let us know your areas of interest**

Association Interests to: (check all that apply)	I am interested in volunteering for: (check all that apply)	I am interested in becoming an art instructor for HAAA:
<input type="checkbox"/> Exhibit my Art <input type="checkbox"/> Attend Art Classes <input type="checkbox"/> Attend Lectures/Presentations <input type="checkbox"/> Exchange ideas <input type="checkbox"/> General Artistic Fellowship <input type="checkbox"/> Trips <input type="checkbox"/> Promote art in the area <input type="checkbox"/> Plenair Groups <input type="checkbox"/> Other: _____	<input type="checkbox"/> Identify Monthly Programs <input type="checkbox"/> Publicity of HAAA events <input type="checkbox"/> Organize/Help with Art Shows <input type="checkbox"/> Organize/Help with Art Classes <input type="checkbox"/> Website, Facebook, Instagram <input type="checkbox"/> Membership <input type="checkbox"/> Finance/Budget <input type="checkbox"/> Serving on HAAA Board <input type="checkbox"/> Other: _____	<input type="checkbox"/> Oil <input type="checkbox"/> Acrylics <input type="checkbox"/> Watercolor <input type="checkbox"/> Photography <input type="checkbox"/> Drawing <input type="checkbox"/> Sculpture <input type="checkbox"/> Pastel <input type="checkbox"/> Pottery <input type="checkbox"/> Other: _____

**How did you hear about HAAA?**