



HOOVER ARTS ALLIANCE MEMBERSHIP APPLICATION

P.O. Box 26187 Hoover, AL 35260-0187

To PROMOTE ART AND ARTIST To PROVIDE INFORMATION ON SHOWS, GALLERIES AND EXHIBITS To PUBLISH A DIRECTORY OF MERCHANTS WHO SELL AND PROMOTE LOCAL ARTISTS To PROVIDE ART EDUCATIONAL OPPORTUNITIES

Name:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-Mail:

MEMBERSHIP INFORMATION AND DUES

Annual Dues: \$10.00 Per Individual (Please indicate your category below):	Scholarship Fund Contribution: (Please indicate amount of contribution) \$	
Artist:	Art Medium:	How Long:
Member:	Total Amount Enclosed: \$	

COMMITTEE INFORMATION

Please select a committee you would be interested in joining from the categories listed below:			
Membership:	Publicity:	Special Events:	Others:

SIGNATURE

Signature of Member:	Date:
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