

Membership Registration

Artist Name _____

Address _____

City/State/Zip _____

Email: _____

Phone: _____

Type of Art/Media: _____

Business: _____

Address: _____

City/State/Zip _____

Email: _____

Phone: _____

Do not omit any information

Annual Dues: \$25.00
Includes participation in exhibits and events.

Please send check to:
San Bernardino Art Association
P.O. Box 1441
Colton, CA 92324



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