



ILLINOIS ART LEAGUE MEMBERSHIP APPLICATION 2017

Business Name: _____

Names (s): _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email : _____ WEB: _____

Status: ___New Member ___ Renewal ___ Artist ___ Friend/Patron

Amateur ___ Semi Professional ___ Professional ___

Age: 18-30 ___ 31-50 ___ 51 & over ___

Medium(s) Preferred: _____

Interest:

Volunteer:

___ Enter my art in shows

___ Help set up take down shows

___ Workshops/Seminars

___ Greeter for Shows

___ Classes

___ Serve on Board

___ Small Groups

___ Serve on Committee (s) for:

___ Shows ___ Exhibits ___ workshops ___ Classes

MEMBERSHIP YEAR IS JAN 1ST – DECEMBER 31ST.

Individual Membership \$30.00 ___ Family Membership \$40. ___ Friend/Patron Membership \$50.00

Please complete and return with your check payable to **ILLINOIS ART LEAGUE**

Mail to: IAL PO BOX 3532 PEORIA, IL 61612-3532

www.illinoisartleague.com