

Arts Alliance of Southern Oregon Member Registration

PLEASE WRITE CLEARLY AND LEGIBLY

First Name

Last Name

Studio/ Business/ Organization Name

Nonprofit Y N

Street Address

City

State

Zip code

Include Business/ Organization/ Studio on map? Y N

If yes, Open Days/ Hours: _____

Cell phone

Home Phone

Work Phone

Email

Website

Website 2

Type of Artist (circle all that apply)

Visual

Watercolor

Fiber

Acrylic

Oil

Sculpture

Ceramics/ Clay

Installation

Mixed Media

Woodworking

Quilting

Graphic Design

Photography

Performing/ Language

Dance

Storytelling

Acting

Poetry

Writer

Vocal/ Singing

Symphony

Orchestra

Band

Other _____

Please mail with \$20 Charter Membership Dues to:

Arts Alliance of Southern Oregon

P.O.Box 24

Jacksonville, Oregon 97530

Please "like" our Facebook page: www.facebook.com/ArtsAllianceSO

Questions? Email artsallianceso@gmail.com