



MARIN SOCIETY OF ARTISTS

FOUNDED 1927

APPLICATION FOR MEMBERSHIP

ESTABLISHED ARTISTS • DEVELOPING ARTISTS • STUDENT ARTISTS*

Name _____

Street Address _____

City/State/Zip _____

Date _____ Phone _____

Email address _____

Medium _____

Occupation _____

* Student's Education Facility _____

PLEASE ENCLOSE CHECK PAYABLE TO THE MARIN SOCIETY OF ARTISTS
IN THE AMOUNT OF \$70.00 FOR ANNUAL MEMBERSHIP FEE.

*SPECIAL STUDENT FEE \$20.00.

P.O. Box 203 Ross, CA 94957 (415)454-9561 Website: marinsocietyofartists.org



VOLUNTEER SIGN-UP WORK-TO-SHOW HOURS

2 HOURS OF VOLUNTEER TIME PER MONTH REQUIRED TO PARTICIPATE IN SHOWS

ARTIST'S NAME _____
ADDRESS _____
TELEPHONE NUMBER RAYS _____
TELEPHONE NUMBER (ALT) _____
E-MAIL ADDRESS _____
DO YOU HAVE A PREFERRED DAY? _____
DO YOU PREFER AM OR PM? _____
TODAY'S DATE _____

PLEASE CHECK YOUR PREFERRED ACTIVITIES:

- | | |
|--|---|
| <input type="checkbox"/> ARCHIVIST/HISTORIAN | <input type="checkbox"/> MEMBERSHIP DRIVE |
| <input type="checkbox"/> CHIEF JURY CLERK | <input type="checkbox"/> NEWSLETTER : |
| <input type="checkbox"/> CLERICAL OFFICE ASSISTANT | <input type="checkbox"/> PUBLICITY (FREE) |
| <input type="checkbox"/> COMMUNITY OUTREACH | <input type="checkbox"/> PUBLICITY (PAID) |
| <input type="checkbox"/> COMPUTER SKILLS | <input type="checkbox"/> RECEPTION MUSIC |
| <input type="checkbox"/> CRAFT DISPLAY | <input type="checkbox"/> RENTAL ART COMMITTEE |
| <input type="checkbox"/> HANDYPERSON | <input type="checkbox"/> SHOW LIGHTING |
| <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> SHOW POSTER DESIGN |
| <input type="checkbox"/> INSTALL MONTHLY SHOWS | <input type="checkbox"/> SHOW RECEIVING |
| <input type="checkbox"/> JURY NIGHT ASSISTANT | <input type="checkbox"/> WEBSITE REVIEW |