



MEMBERSHIP APPLICATION

*Name _____
(Please Print)

*Address _____

*City _____ *Zip _____

*Phone _____ *E-Mail _____

How did you hear about us? _____

* Required

Membership Dues are \$35.00 a year for non-students, \$10.00 a year for students. Members must be at least 14 years old.

Please submit your membership fee with this application to the:

WICHITA FALLS ART ASSOCIATION & ART GALLERY
600 8th Street
Wichita Falls, TX 76301

OR

WICHITA FALLS ART ASSOCIATION & ART GALLERY
1300 Lamar
Wichita Falls, TX 76301.