



**Pinole Artisans Foundation**  
PO Box 905, Pinole, CA 94564  
(510) 724-2008 (Gallery)  
[www.pinoleartisans.weebly.com](http://www.pinoleartisans.weebly.com)

## Membership **Application, Renewal, or** **Change of Contact Information**

Please submit this completed form along with your annual membership dues of \$35, or at anytime your address or contact information changes. Please note that unless you opt out, your address and contact information will be published in the member directory. Our monthly newsletter will be delivered by e-mail. Membership expires Dec 31.

If this is for renewal and your information has not changed, enter your name and say 'SAME' in the address field.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Share My Phone/email w/ other members? Check for Y

Are you interested in showing in our gallery?: Check for Y

Mediums (about your art) \_\_\_\_\_

\_\_\_\_\_

Experience level: Beginner    Hobby    Showing    Professional    Teacher

Membership in other associations: \_\_\_\_\_

\_\_\_\_\_

Please feel free to use the back of this form to provide any additional information. to describe your vision for this association in Pinole, and how you would like to be involved with the group. Please return completed form by email, to [vic3@aol.com](mailto:vic3@aol.com). Mail check and form to: **PO Box 905 Pinole CA 94564**. Membership will be effective once payment has been received,

\_\_\_\_\_

Membership Status (for treasurer's use only) \_\_\_\_\_ Date Received: \_\_\_\_\_

Membership Good thru: \_\_\_\_\_ Payment: Check    Cash    Credit Card

