**The Pinole Artisans Foundation Classroom and Gallery**

**PO Box *905,* Pinole,CA 94564**

**(510) 724-2008**

***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 intormation changes. Please note that unless you opt out, your address andcontact intonnation will be published in the member directory. Our monthly newsletter willl be de!ivered by e-mail.

Name:

Address:

City: Zip:

Email:

Home Phone: Cell Phone:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you interested in showing in our gallery: Y or N

Mediums (about your art):

Experience level:(pleasecircle): Beginner Hobby Showing Professional Teacher

Experience with other associations:

Please feel free to use theback of this form to provide *any* additional information. to describe your vision *tor* the an association in Pinole. and how you would ike to be involved with the group. Please return completed form to themonthly meeting or mailto: **PO Box 905 Pinole CA 94564**

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

Membership Good thru: Payment: Check Cash Credlt Card