

African American Visual Artists Guild

Membership Application

(Send application with APPROPRIATE fee to:

AAVAG, P. O. Box 28148 Dayton, Ohio 45428)

Your membership is active for one full year from payment.

<input type="checkbox"/> Active	\$ 50.00
<input type="checkbox"/> Associate	\$ 35.00
<input type="checkbox"/> Student	\$ 35.00
<input type="checkbox"/> Patron	\$ 150.00 - \$ 500.00

Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ Zip: _____

Home Phone: _ (____) _____ Cell Phone: (____) _____ Work: _____

E-mail Address: _____ Web Site: _____

I am an artist. I am a collector.

I would like to volunteer.

Please contact me about sponsorship, buying art, setting up a partnership, renting display panels or scheduling an art exhibit.

Medium: Check appropriate area(s)

Drawing

Sculpture

Painting

Photography

Video

Ceramics

Computer Graphics

Murals

Air Brush

Installations

Other: (Please specify: _____)