

**Metropolitan Richmond
Artists Association
MEMBERSHIP APPLICATION**



Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Mobile Telephone # _____

Email Address _____

I would like to be an Exhibiting Member (\$40/year) Associate Member (\$30/year)

Are you referred by an MRAA Member? Yes No Member Name _____

Art Education and Background _____

Medium _____

Art Associated Memberships (Clubs, Museums, etc.) *Optional* _____

Exhibitions: (Solo/Group, Date, Locations, Awards, etc.) *Optional* _____

Reason(s) for interest in MRAA Membership *Optional* _____

Signature _____ Date _____

*You may either mail this form with a check or send this application by email and bring your check to the next meeting.
Check payable to MRAA. Mail to Membership Chairperson*