



Membership Application

Photo Preferred

Date: _____

Return to: Deanne Ruiz, *Membership Chair*
952 Heritage Drive, West Covina, CA 91791
Phone: 626.331.8270

(Please Print Clearly)

Name _____ Spouse _____
Address _____
City & Zip _____
Phone & Email _____

Fees: July 1st begins the MVAL new year.
 Single Membership \$35.00 \$ _____
 Couple Membership \$45.00 \$ _____

(Make checks payable to: Mid-Valley Arts League) Total \$ _____

Sponsor's Name _____

Board of Director's Approval Date _____

Personal Information (feel free to use the back of page) In order that we may better become acquainted, please furnish us with some interesting facts about yourself, your favorite medium, what subjects you portray, with whom and where you studied, art shows you have participated in, awards won and any other interesting facts about your artistic interests.

Credits and education _____
Art background and interests _____

Make a personal statement about your art _____

Hobbies _____

How do you believe MVAL will benefit you? _____

Do you teach art or give demonstrations? _____

Service to MVAL Check the committees on which you would like to serve:
 Exhibits Programs Membership Accounting Properties Hostessing Publicity Historian
 Marketing Newsletter Nominating Phone Calls Banquets Scholarship Mailing Other

Please Attach a Photo of Yourself: Optional

A Non Profit Organization