



PLEASE attach  
your photo here

# Membership Application

Date \_\_\_\_\_

Return to:  
Mary Archibald, Membership Chair.  
244 West Naomi Avenue, Arcadia, CA 91007  
Phone: 626-447-5312  
email: [archibald.m@gmail.com](mailto:archibald.m@gmail.com)

Make checks payable to: Mid-Valley Arts League

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fees:  \$40.00 Single Membership       Couple Membership \$50.00

Sponsor \_\_\_\_\_ Board of Director Approval Date \_\_\_\_\_

Please supply information about yourself, such as art background, interests, and goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medium do you use \_\_\_\_\_

Credits and Education \_\_\_\_\_

How do you believe MVAL will benefit you?

\_\_\_\_\_  
\_\_\_\_\_

Service to MVAL - We are a member-run organization. Please circle if you can help:

Exhibits. Programs. Membership. Technology. Hospitality. Publicity. Marketing.  
Newsletter. Scholarship. Accounting. Historian. Art teacher. Others \_\_\_\_\_

[A Non-Profit Organization](#)