

MRAA

Metropolitan Richmond Artists Association

MEMBERSHIP APPLICATION

Membership Category: Exhibiting Member _____ Associate Member _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ e-mail address: _____

DOB (optional): _____

Sponsored by **MRAA** Member _____

Art Education/Art Background

Medium(s)

Art Associated Memberships (Clubs, Museums, etc.)

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

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

Signature: _____ Date: _____