

# MEMBERSHIP APPLICATION

**Membership Year:** July 1 through June 30

**Dues:** \$50



Today's Date

First Name

Last Name

Business Name

Mailing Address

City

State

Zip Code

Phone

Email

Website

**Everything PCAA is able to achieve is thanks to the dedication and generosity of our volunteers. Please select at least one committee to serve on this year:**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="radio"/> Event Volunteer              | <input type="radio"/> Scholarship Program | <input type="radio"/> Other: _____ |
| <input type="radio"/> Host a 'Meet My Art' Meeting | <input type="radio"/> Serve on the Board  | _____                              |
| <input type="radio"/> Host a Social Event          | <input type="radio"/> Website Content     | _____                              |
| <input type="radio"/> Marketing & Publicity        | <input type="radio"/> Host a Workshop     | _____                              |

We value your input. Please let us know how we're doing.

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Mail application & payment to:

**PCAA**

P.O. Box 680472

Park City, Utah 84068-0472

To apply online, visit us at:

[parkcityartists.org](http://parkcityartists.org)

Contact us at:

[info@parkcityartists.org](mailto:info@parkcityartists.org)