

Silver State Artists
Membership Application
(Please Print)

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell _____

Birthday (month/day) _____

Please circle one: Beginner Intermediate Advanced

Would you like to teach? No Yes

Please send a check for \$15 to our Treasurer or bring it with you to a meeting. You are welcome to attend one meeting as a visitor, before you decide to join.