

Application for New Member and /or Change of Address

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Dues: \$40.00

Medium of Choice: _____

I would like to volunteer to serve:

Yes

No

Please make check payable to:
Tarpon Springs Art Association
Mail to:
Tarpon Springs Art Association
Box 1177
Tarpon Springs, FL 34688