

Doylestown Art League Membership Form

Membership Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Artistic Medium(s): _____

I am interested in...

- Helping with Art Shows
- Helping with other needs
- Interested in Classes

Membership Fees

- Renewing Membership \$ _____
- New Membership \$ _____
- Contribution to the \$ _____
Home of Own
Contribution Fund

Total Amount Enclosed \$ _____

Make Check Payable to: **Doylestown Art League**

Send form to: Sheila Beinstein, 309 Rocky Court West, Chalfont, PA 18914