



Sawnee Artist Association

Membership Application/Renewal Form

Please complete the application below and return with your membership dues to:
 Sawnee Artist Association, P.O. Box 1605, Cumming, GA 30028
(Please print)

- I want to join the SAA I am renewing my membership. (Please note any changes in your information)

Name(s): _____

Address: _____

Email Address: _____ Web Address: _____

Phone: _____ Alternate Phone: _____

Are you an:

- Artist, media: _____ Advocate of the Arts

Type of Membership:

- Individual and Spouse \$30.00 Individual \$25.00
 Spouse or Family Name: _____ Email: _____ Phone: _____

My spouse or family is an:

- Artist, media: _____ Advocate of the Arts

Please contact me about volunteering for these committees:

<input type="checkbox"/> Advertising and Promoting	<input type="checkbox"/> Events Researching Venues for Events	<input type="checkbox"/> Check in Artists at Events
<input type="checkbox"/> Coordinate or Preparing Food	<input type="checkbox"/> Presenting or Selecting programs for the group	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Group Communication/Phone Calls	<input type="checkbox"/> Scholarship and Youth Outreach	<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Tools and Handyman Skills	<input type="checkbox"/> Treasury or Cash Duties	<input type="checkbox"/> Assisting with Display and Hanging Events
<input type="checkbox"/> Other: _____		

Scholarship Donations:

Please accept my additional tax-deductible donations of \$_____ to the SAA Scholarship Fund.

I do not wish to join the SAA at this time, but I have enclosed \$_____ as a tax-deductible donation to the SAA Scholarship Fund.