

DELRAY ART LEAGUE
MEMBERSHIP APPLICATION FORM

Delray Art League, Inc.
P.O. Box 6673
Delray Beach, FL 33482-6673

Date: _____
Paid Check _____
Florida Business Tax Certificate
(Needed for exhibitors)

Please Print Clearly

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE: _____

CATEGORY FOR JUDGING (CHECK ONE)

_____ Two dimensional art (specify medium) _____

_____ Sculpture (specify medium) _____

_____ Jewelry (specify medium) _____

Are you interested in participating in Indoor Exhibits _____ Outdoor Exhibits

Dues are from March 1st, until Feb. 28 of the following season.

Exhibiting Artist Membership _____ Dues are \$40 per person per year.

Exhibiting Family Membership _____ Dues are \$50 per year for two people.

Non-exhibiting Friend Membership _____ Dues are \$20 per person per year.

I give permission to place my name, telephone number _____ (Y/N) email address _____ (Y/N)
on the Delray Art League website & in the Membership Directory.

I am interested in volunteering for the following committee: _____

**ALL EXHIBITING ARTIST'S DUES MUST BE CURRENT
IN ORDER TO EXHIBIT IN DELRAY ART LEAGUE EXHIBITIONS.**

Work in the following categories is NOT acceptable for membership at this time:
Photography, computer (digital) art or computer altered art photography, ceramics, crafts,
carvings, and nudes.

SIGNATURE: _____