



Gardner Area League of Artists, Inc. Membership Form P.O. Box 664, Gardner MA 01440

Name _____ Date _____

Address _____ Date of Birth _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Website and/or Facebook page _____

1. Please tell us what type of artist you are (please check all that apply)?

Visual Artist, Media: _____ Musician Photographer

Writer Performer: _____ Artisan _____ Supporter of Arts

2. Are you a US Veteran, if so, your Vet ID# _____

3. How did you hear about GALA?

Internet Search Newspaper E-Newsletter Brochure Friend Facebook

4. Please choose yearly membership type:

We need volunteer members to help keep this organization strong. There are no work requirements, all work is voluntary.

**Note: If you take on a board position, your membership fee is waived along with other perks.
Send a letter of interest.*

\$35 Individual

\$70 Family

Free - I am a student under 18 years old

I would like a membership scholarship

5. Would you like to teach a class or workshop? Yes, Explain: _____

6. Are you interested in participating in a Group/Solo Show? Yes, would like more information.

Membership \$ _____

Donation to GALA General Fund \$ _____

I would like to help give towards a membership Scholarship \$ _____

TOTAL \$ _____

Thank You!

Check# _____ *Make check to GALA*