

SOUTH MISSISSIPPI  **ASSOCIATION, INC.**

MEMBERSHIP FORM

**Required fields*

*Name: _____

*Mailing address: _____

*City: _____ *State: _____ *Zip: _____

Home phone (incl. area code): _____

Work phone (incl. area code): _____

Cell phone (incl. area code): _____

Email: _____

Web site: _____

*Medium or media in which you work:

- | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Watercolor | <input type="checkbox"/> Drawing | <input type="checkbox"/> Fabric | <input type="checkbox"/> Beadwork | <input type="checkbox"/> Mixed Media |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Pen & Ink | <input type="checkbox"/> Photography | <input type="checkbox"/> Stained Glass | <input type="checkbox"/> Framer/Gallery |
| <input type="checkbox"/> Acrylic | <input type="checkbox"/> Graphite | <input type="checkbox"/> Pottery | <input type="checkbox"/> Gourd Art | <input type="checkbox"/> Collector |
| <input type="checkbox"/> Pastel | <input type="checkbox"/> Charcoal | <input type="checkbox"/> Wood | <input type="checkbox"/> Digital Arts | <input type="checkbox"/> Other (please |
| <input type="checkbox"/> Gouache | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Airbrush | specify): _____ |

Yearly

***I am (please choose one):**

- An adult
- The spouse of a current SMAA member
- A student 18 years old or older
- A student 17 years old or older

Dues Membership Period

- \$30 Dues cover the period from January 1 through
- \$15 December 31. However, if you join on or after
- \$20 October 1, the dues cover the balance of that year
- \$10 PLUS the upcoming year through December 31.

Please mail your completed form and your check for dues to:

**SMAA
P.O. Box 15713
Hattiesburg, MS 39404-5713**

As soon as we receive your check for dues, we will confirm your membership.