

Warren Tri-County Fine Arts, Inc. Application for Membership

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|---|--|-------------------------------------|--|---|
| Name: | | Home Phone: | | <p>By my signature on this form, I agree that I will comply with the Rules and By-Laws of Warren Tri-County Fine Arts Inc. (WTCFA) I further affirm that images in any artwork that I submit for exhibition with WTCFA are my individual creations and are not knowingly copied from any other previously published or unpublished photographs, paintings, artworks or reproductions. WTCFA will not be responsible for artwork that is found to be a copy. Any artwork found to be copied will be removed from exhibition.</p> |
| Address: | | Cell Phone: | | |
| City/State/Zip: | | | | |
| Email: | | | | |
| New Member () | | Returning Member () | | |
| Membership type | | Please circle payment amount | | Signature |
| | | | | Date |
| Senior Membership (must be 65 or older) | | 35.00 | | <p>Parent or Guardian (please print name)</p> <p>Parent/Guardian Permission is reuired for ages 16and 17</p> |
| Student Membership (16 or older and have proof of full time student status, 12cr, hrs/semester) | | 35.00 | | |
| Individual Membership | | 40.00 | | |
| Family membership | | 65.00 | | |
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