



La Habra Art Association & Gallery

Membership Form

Enter the following membership information and send this form along with your membership fees to the La Habra Art Association.

Contact Information

Name(s) _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Membership Type (check one):

- Individual
 Family
 Student
 Sponsor
 Patron

Areas of Interest:

What Media are you interested in?

Do you teach?

Looking for Classes?

Willing to serve on committes?

Please indicate any other areas you may be interested in.
