

New Member

Paducah Area Painter's Alliance
124 Broadway
Paducah KY 42001

Member's Name:

Medium/s:

**Do you plan to exhibit your works in the
PAPA Gallery?**

Email address:

Mailing address:

Phone number where you prefer to be reached:

Family member name if family membership:

Email address if different from member's:

Dues - amount:_____ Date paid:_____

Exhibitor/Individual: \$100

Exhibitor/Family: \$150

Non-Exhibitor/Individual: \$40

Non-Exhibitor/Family: \$60.00

(All amounts are per year)

Notes: