

ArtCoz Dual Membership

Name: Artist or Business owner _____

Title of Gallery, Studio or Business _____

Address _____

Phone number(s) _____

E-Mail _____

Website or Facebook _____

Please check if you would like your information shared on our website ArtCoz.org _____

Dues- \$20.00 January 1 to December 31 of the current year

ZAAP Dual Membership

Name: Artist or Business owner _____

Title of Gallery, Studio or Business _____

Address _____

Phone number(s) _____

E-Mail _____

Website or Facebook _____

Please check if you would like your information shared on our website info@zaap.org _____

Dues- \$30.00 January 1 to December 31 of the current year