

New Member

Paducah Area Painter's Alliance
124 Broadway
Paducah KY 42001

Member's Name: *(as you would like it listed)* **Medium/s:**

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

We will primarily communicate with you via email but we may also call you by phone to tell you a painting has sold, etc. so please include all your info and write legibly so we can reach you!

Email Address:

Mailing Address:

Phone number where you prefer to be reached:

Family member name if family membership:

Family member email address if different from member:

Dues - amount: _____ **Date paid:** _____

Received by: _____ **Method of payment:** Check Cash Credit Card

Exhibitor/Individual: \$100

Exhibitor/Family: \$150

Non-Exhibitor/Individual: \$40

Non-Exhibitor/Family: \$60

(All amounts are per year)

Notes: