



Jefferson City Art Club Membership Application Form

We are glad to have you as a member! We need this form filled out to show you as a registered member of the Jefferson City Art Club and for insurance purposes. Please complete and return this form with your payment of \$25.00 (Member) and/or \$5.00 (Family Member living in same household of Member) made payable to the Jefferson City Art Club to: Sharon Lueckenhoff, PO Box 202, Westphalia, MO 65085.

Dues shall be paid to the Treasurer before May 1 of each fiscal year after which time they become delinquent. However, any dues paid by new members elected to membership at the last two meetings of the fiscal year, shall be recognized as dues for the following year.

About the meetings and your membership: We meet the third Monday of each month from September through May. We have a carry-in meal in September and in May at 6:00 pm before the meetings. The meetings October through April begin with social/snack time at 5:30 pm and meeting beginning at 6:00 pm. Meetings may be held by Zoom or cancelled due to weather or pandemic.

Your membership includes:

1. Reduced Exhibit Fees.
2. Interesting programs at club meetings.
3. May vote on Art Club Bylaws and other issues that affect the Art Club.
4. May serve as an officer of the Club.
5. Recognition for your art and volunteerism.
6. Insurance.

PLEASE COMPLETE THE FOLLOWING:

Name: _____ Cell Phone: _____ Home Phone: _____

Mailing Address: _____

Email Address: _____

Family member joining with you.

Name: _____ Phone: _____ Email: _____

Place check mark by any and all activities you would be interested in doing and/or helping with.

COMMUNITY PROJECTS AND COMMITTEES:

- | | | | | |
|--|--|---|---|------------------------------------|
| <input type="checkbox"/> Ruth Hogan Children's Art exhibit | <input type="checkbox"/> Adult Fine Arts Exhibit | <input type="checkbox"/> High School Sketch Day | <input type="checkbox"/> Professional Show | |
| <input type="checkbox"/> Capital Arts Gallery Committee | <input type="checkbox"/> Fling | <input type="checkbox"/> Constitution & By laws | <input type="checkbox"/> Nominating Committee | |
| <input type="checkbox"/> Social Concerns: (Includes: sending Get Well Cards, Sympathy Cards, notify meeting hosts/hostesses, in charge of receptions.) | | | | |
| <input type="checkbox"/> President | <input type="checkbox"/> First Vice-President | <input type="checkbox"/> Second Vice-President | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Chairperson of a Committee: Name of Committee _____ | | | | |
| <input type="checkbox"/> Host/hostess for meeting: (This means bringing snacks for the meeting) Month _____ | | | | |

ACTIVITIES:

- Zoom Host/Hostess
- Website
- Audit Books
- Featured Artist Chairperson (Publicity for Featured Artist)

- Historian
- Facebook & Newspaper, Calendar
- Featured Artist for Interview & Recognition
- Yearbook

The Jefferson City Art Club holds Children’s Exhibits, therefore, for the safety of all concerned and for insurance purposes, we must ask the following question to be answered.

Have you been convicted of a felony? No Yes

If yes, explain: _____

Please provide two references:

1. Name: _____ Phone: _____

Address, City, State, Zip _____

2. Name: _____ Phone: _____

Address, City, State, Zip _____

I hereby submit my application:

Signature: _____ Date: _____

I UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND ONLY USED BY THE EXECUTIVE BOARD COMMITTEE TO DETERMINE MY ACCEPTANCE INTO THE MEMBERSHIP OF THE ART CLUB.

(For Executive Board Committee Use Only) Accept Reject

Reason for Rejection: _____