



ArtDimensions

MEMBERSHIP FORM

may be mailed with payment to:
ArtDimensions
1901 Locust St.
St. Louis, MO 63103

Name: _____

Address: _____

City,State: _____ Zip: _____

Phone: () _____ () _____

E-Mail: _____

Website: _____

Are you an artist? yes no

Please describe your art. _____

Are you receiving e-mails from ArtDimensions? _____

If not, would you like to? _____

Would you like to be listed in a member "buzz book"? _____

How did you first hear about ArtDimensions? _____

Circle your choice of memberships:

Student Membership: \$40.00 (full time students only)

Artist Membership: \$50.00

Artist Super Plus Membership: \$200.00 includes submittal fees for gallery exhibits for one year.

Please make checks payable to ArtDimensions.

X _____
signature

date

OFFICE USE ONLY:

Database _____

accounting _____

rec'd card _____

yahoogroup _____