West Valley
ARTS
Council

Date Received: _____

# MEMBERSHIP APPLICATION: Individual

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____

Studio Ph: _____ Other Ph: _____ Fax: _____

Email: _____ Website: _____

# Information about your art:

Briefly describe your medium (i.e.: watercolor, actor, musician, sculptor, etc.):

_____

_____

_____

_____

_____

_____

_____

_____

_____

13243 north founders park boulevard, surprise, arizona 85379
p 623.935.6384 f 623.935.4327 w westvalleyarts.org e listings@westvalleyarts.org