

APPLICATION FOR MEMBERSHIP

check one: **ASSOCIATE ARTIST** **ELECTED ARTIST** **LIFE**

Please fill in the Membership Application below and email along with six images of your work in either .jpg or .png formats.

Please email the application and photos and we will contact you about payment.

EMAIL TO: admin@aaplinc.org

ART EDUCATION:

Name

Address

City & State

Zip

Phone

email

Website

Instagram

Oil

Acrylic

Pastel

Sculpture

Graphics

Water Media

Other media:

TEACHERS:

MEMBER OF FOLLOWING ART SOCIETIES:

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EXHIBITIONS:

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AWARDS: