



APPLICATION FOR ELECTED ARTIST MEMBERSHIP

Please fill in the Application for Elected Artist Membership below and include three images of your work in any of the following formats: High resolution .jpg or .png (by e-mail). The non-refundable application fee of \$75 can be paid by check / money order, or you can pay on our website using PayPal or your credit card.

Make check or money order payable to the order of:

American Artists Professional League, Inc.

And mail to: American Artists Professional League
Salmagundi Club
47 Fifth Avenue
New York, NY 10003

E-Mail: americanartistsproleague@gmail.com

Website: http:// www.aaplinc.org

Name.....

Address.....

City & State.....

Zip..... Phone.....

E-Mail

Website.....Instagram.....

Oil / Acrylic..... Sculpture.....

Pastel..... Water Color.....

Graphic/Mixed Media.....

EXHIBITIONS:

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ART EDUCATION:

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SCHOOLS:

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TEACHERS:

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MEMBER OF FOLLOWING ART SOCIETIES:

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AWARDS:

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