



Southern Oregon Society of Artists, Inc.

P.O Box 4393, Medford, OR 97501

sosa-inc.com

APPLICATION FOR ACTIVE MEMBERSHIP

LAST NAME	FIRST NAME	PHONE	CELL PHONE
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STREET ADDRESS/MAILING ADDRESS	CITY	STATE	ZIP
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email address

If this is a family membership, please list additional members (immediate household).

LAST NAME	FIRST NAME
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Media (choose as many as you use):

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> acrylic | <input type="checkbox"/> gouache | <input type="checkbox"/> pen & ink |
| <input type="checkbox"/> abstract | <input type="checkbox"/> graphite | <input type="checkbox"/> pencil |
| <input type="checkbox"/> all media | <input type="checkbox"/> mixed media | <input type="checkbox"/> photography |
| <input type="checkbox"/> charcoal | <input type="checkbox"/> oil | <input type="checkbox"/> watercolor |
| <input type="checkbox"/> colored pencil | <input type="checkbox"/> pastel | <input type="checkbox"/> _____ |

Listed below are the committees which must be staffed each year. Please check the ones in which you would be interested in serving. Each member is encouraged to share in the work of this organization.

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Program | <input type="checkbox"/> Membership | <input type="checkbox"/> Critique Helper |
| <input type="checkbox"/> Public Art Exhibits | <input type="checkbox"/> Refreshments | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Friendship | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Board Member/Staff |
| <input type="checkbox"/> Hospitality/Greeters | <input type="checkbox"/> Website | <input type="checkbox"/> Yearbook/Directory |

I hereby make application for membership in the southern Oregon Society of Artists, Inc., subject to the by-laws thereof, and submitting the annual dues, which are \$30 per year. Family memberships are \$30 for the first member and \$10 for each additional member (immediate household).

Signature

Date

Please mail this form, with your check to the address above or bring to any meeting. Thank you!