



LENAWEE COUNCIL FOR THE VISUAL ARTS

Member Profile

Name:

Address:

Phone:

E-Mail:

Birth Date:

Chosen Medium:

Web Address:

Do we have permission to publish your contact information in our member directory? Yes No

Example Work
Adhered Here

Administrative Use Only

- | | |
|---|--|
| <input type="checkbox"/> Member ID# : | Membership: <input type="checkbox"/> 1 year <input type="checkbox"/> Lifetime <input type="checkbox"/> Student |
| <input type="checkbox"/> Added to Member Roster | |
| <input type="checkbox"/> Member Info Sent : Date __/__/__ | <input type="checkbox"/> US Post <input type="checkbox"/> PDF/Email |