



## CENTRAL ONTARIO ART ASSOCIATION MEMBERSHIP FORM

Annual Membership Fees (please select level):	Additional Fees (if applicable):
Basic: \$35 (cheque) <input type="checkbox"/> \$37 (PayPal) <input type="checkbox"/>	Website Gallery: \$10 per member <input type="checkbox"/>
Couple: \$50 (cheque) <input type="checkbox"/> \$53 (PayPal) <input type="checkbox"/>	Website Gallery: \$20 per couple <input type="checkbox"/>
Student: (age 19 + and currently attending college) \$20 <input type="checkbox"/>	Newsletter by Canada Post: \$7 <input type="checkbox"/>

**Please indicate if you are:** a NEW Member(s)     Renewing     Submitting for the Gallery   
**Total payment enclosed** (paying through PayPal is done on-line): \$ \_\_\_\_\_

**PLEASE PRINT VERY CLEARLY**

Name(s): .....

Address: Street ..... Apt. # : .....

City/Town: ....., ON    Postal Code: .....

Home Phone: (        ) ..... **or** Cell Phone: (        ) .....

Email: ..... Website: .....

**Website Gallery:** Send a brief bio, 2 images of your art (include title, size, medium), and contact information to: [brenda.turnour@live.ca](mailto:brenda.turnour@live.ca) for posting on [www.coart.com](http://www.coart.com) (add \$10 per member).

**Newsletter:** I would like to receive the newsletter (in colour) by e-mail  **or** (B&W) Canada Post   
*If by Canada Post please add \$7 to your membership fee to cover cost of printing and postage.*

**Our membership list with email and/or web site contact will be posted on the COAA web site.**

If you do not want to be included in this list, check here:

I give COAA permission to send me emails: Yes  No

I give COAA permission to photograph my artwork for promoting COAA events: Yes  No

*Complete and mail this form with cheque or money order payable to:*  
**Central Ontario Art Association**

to Membership Chair:  
**Linda Trowell**  
**31 Scourfield Drive**  
**Ingersoll, Ontario N5C 0A4**

If you are a **NEW** member, how did you hear about COAA?: Website , Brochure , COAA exhibit   
 or name of the COAA member who referred you: .....  
 Other .....

**Date of this application:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    **\*For membership year:** \_\_\_\_\_  
    month / day / year

**Signature of Applicant/Member:** .....

*\*Membership paid after September 15 will carry into the next calendar year.*