

COLUMBIAN ARTISTS ASSOC.MEMBERSHIP

Name _____ Phone # _____

Cell Phone # _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Media _____ Other art interest _____

Please send to:

Columbian Artists,

P.O. Box 2862, Longview, WA 98632

Along with the membership form Please forward a check in the amount of \$25.

Thank you