



MEMBERSHIP APPLICATION

Last Name _____

First Name _____

LocalAddress _____

City _____

State (Abreviation) _____ 5 Digit Zip Code _____

Phone (Day) Include Area Codes _____

Phone (Evening) _____

Phone (Cell) _____

IF YOU HAVE AN OUT OF STATE ADDRESS,
PLEASE ENTER IT BELOW

Secondary Address _____

City _____

State (Abreviation) _____ 5 Digit Zip Code _____

Phone (Day) Include Area Codes _____

Phone (Evening) _____

Phone (Cell) _____

Please use the address where you
want to receive mail.

Your application can not be processed until your \$35 first
year's dues payment is received..

You can pay on-line with PayPal at:
[http://www.ceramicleaguepalmbeaches.org/
membershipdues.php](http://www.ceramicleaguepalmbeaches.org/membershipdues.php)

Or, you can mail a check, made payable to "Ceramic League
of the Palm Beaches", and mailed to: Ceramic League of
the Palm Beaches, c/o The Craft Gallery, 5911 South Dixie
Highway, West Palm Beach, FL 33405

Email Address _____

Web Site Address _____

Please describe the type of ceramic works you create:

Please describe any awards, prizes, grants, or significant accomplishments:

How/where may our members view, observe, or otherwise enjoy your work?

If you are not a ceramic artist but wish to join this organization, describe your reasons here:

By submitting this form, you give your permission to Ceramic League of the Palm Beaches to publish the contact information provided above in order to promote individual artist members and the Ceramic League of the Palm Beaches organization. This will include various publications and documents such as membership directories, press releases, invitations, web site information, etc. Under no circumstances will member contact information be sold.