

Paa member ship appl ication

Please fill out and mail with check to:

PAA Membership

PO BOX 321, Ocean Park, WA 98640

Make checks payable to PAA

date_____

Individual \$20_____ Family \$30* _____

Student** _____

Please check appropriate membership category

**No fee for Student - K thru 12

*Family Membership limited to 2 adults (same address)

Include the following info for both members

PLEASE PRINT CLEARLY - USE MAILING ADDRESS

Newsletter delivered via USPS _____or email_____

Name

Mailing Address

Phone

Email

WEBSITE

Feel to free to link us on your site, we will link you on ours
www.beachartist.org

medium(s) you work with (Please list all)

Thank you for your interest in PAA...
A membership card(s) will be mailed to you upon
receipt of application.

