



Application for Membership

Fiscal year starts May 1st and ends April 30th

Annual Fee \$40.00

Name: _____

Address: _____

Telephone: _____

Email: _____

Would you like to be added to the WAAH Email List? If so, you will receive email updates on events, newsletters, etc.

YES

NO

Website: _____

If new to WAAH, where did you hear about our organization?

Please attach a CV and/or Biography if you are an artists.

Are you interested in exhibiting your artwork?

YES (you will be added to the WAAH *Exhibiting Artist List*)

NO (you will not be added to the WAAH *Exhibiting Artist List*, and you will not receive exhibit ion entry forms, but you will be informed about exhibitions via the Newsletter.)

Would you like to contribute to the WAAH? If so, what would you like to do?

Time

Taking photographs

Giving workshops

Financial donation (scholarship, building fund, etc.) \$ _____

I would like my donation to go towards _____

Other

Please make cheques payable to WOMEN'S ART ASSOCIATION OF HAMILTON and mail with a stamped, self-addresses envelope to:

Women's Art Association of Hamilton

Attention Membership Convenor
% Co-Work at the Cotton Factory
270 Sherman Avenue N, Unit 301
Hamilton, ON L8L 6M4
P.O. Box 32082

OR

WAAH can accept e-Transfers. If you prefer to make payment in this way please email waah_treasurer@cogeco.ca