

The Gallery at
KENT ART ASSOCIATION

Kent Art Association— Membership Application/Renewal 2024

(Membership runs from January 2024 through December 2024)

Name: _____ Phone: _____ Renewal Artist
Address: _____ New Non-Artist
City/State/Zip: _____
*Most up to date E-Mail: _____ (Please ensure accuracy)

For publicity, what is the name of your local newspaper? _____

Are you willing to accept all Kent Art Association correspondence, newsletters, prospectus, etc. by e-mail (saving trees and funds)? Yes No

Are you willing to let Kent Art Association share your name, address and phone number with other Kent Art Association members? Yes No

Which of the following KAA Volunteer Positions are you interested in?

- | | | | |
|--------------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Hanging | <input type="checkbox"/> Receiving | <input type="checkbox"/> Photography | <input type="checkbox"/> Website |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Financial | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Computer | <input type="checkbox"/> Gallery | <input type="checkbox"/> Membership |

Membership Levels

Yearly Membership runs from January 2024 through December 2024

All Membership levels include newsletters, two member shows, free entry for up to 6 portfolio pieces and 2 small works, and reduced entry fees for up to 3 works per show. * Note: Associate and Family members are asked to contribute 8 hrs. of volunteer time during the year as part of their membership.

- Associate \$50 Membership includes all benefits listed above.
 Family \$100 Individual entry fees still apply.

Donations

KAA is recognized as a charitable 501c3 organization and all donations are tax deductible.

- Building Fund General Fund Prize Fund
 Matching Grant (please include form) Other
 Memorial Award in honor of: _____ (Honoree's Name)

Amount of Award: _____

Total Enclosed: _____

Are you interested in receiving information regarding planned gifts and/or including Kent Art Association in your will? Yes No

Make Check Payable to: Kent Art Association

Mail to:

Kent Art Association Membership Chair
Kent Art Association
21 S. Main St, PO Box 202
Kent, Connecticut 06757