

Mountain Shadows Artists

WINTER ADDRESS

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

SUMMER ADDRESS

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Please complete and mail to:

Mountain Shadows Artists
Association
P.O. Box 25023
Yuma, AZ 85367

Desired Membership

Yearly dues \$30.00

Spouse \$20.00

Contributing \$50.00

Patron \$100.00

(New members must purchase a name badge.)

Your Medium (check all that apply)

Acrylic Oil

Pastel Charcoal

Watercolor Mixed

Other

Describe _____

