



MEMBERSHIP APPLICATION
THE WOMAN'S ART CLUB OF CINCINNATI

Please fill out this form (type or print) and mail with annual dues of \$55 to:
Membership Chair, WACC at The Barn
6980 Cambridge Avenue, Cincinnati, OH 45227
Checks payable to The Woman's Art Club of Cincinnati

Date _____

Last Name _____ First Name _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

ACADEMIC TRAINING: Schools and length of time attended and/or degrees

Other Training (specify)

Exhibitions/Awards (Group Shows, One-Woman Shows)

Professional Experience:

Other arts organizations — past and current memberships

Mentor Buddy: Would you like to be paired with an established member of the Club? ___Y ___N
Your Buddy will be your 'go to' person for all your questions about the Club and its activities. Make a friend and get settled quickly!

Get to know us — there are many volunteer opportunities and you're invited to get involved — any area, any time (your schedule). Please check what interests you, and we'll get in touch.

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| <input type="checkbox"/> Barn Events | <input type="checkbox"/> Barn Office Hours — when the director's away |
| <input type="checkbox"/> Show sitting | <input type="checkbox"/> Meeting Assistance: Registrar, Refreshments |
| <input type="checkbox"/> All-Member Show | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Juried Show | <input type="checkbox"/> Fund Raiser Committee |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Promotion/ Publicity/ Marketing |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website/ Facebook/ e-communications |