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**MEMBERSHIP APPLICATION**

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| **Applicant Information** |
| Name: |
| Date of Birth: | Home Phone: | Cell Phone: |
| Address: |
| City: | State: | ZIP Code: |
| Occupation: | Preferred Artistic Medium(s): |
| Tell us a bit about you, your projects, and why you’re interested in Purple Crayon. |
| Are you interested in taking workshops at Purple Crayon, and, if so, what type(s) of workshop would you like to take? |
| Are you interested in facilitating workshops at Purple Crayon, and, if so, what type(s) of workshops would you like to facilitate? |
| How did you hear about Purple Crayon? |
| **desired membership LEVEL** |
| First Choice: | Second Choice: | Third Choice: |
| **Emergency Contact** |
| Name: |
| Relationship: | Home Phone: | Cell Phone: |
| Address: |
| City: | State: | ZIP Code: |
| **Signature** |
| By signing below, you acknowledge that the information you provided in the Membership Application is correct to the best of your knowledge. |
| Signature of applicant: | Date: |