

APPLICATION FOR MEMBERSHIP • THE WOMAN'S ART CLUB OF CINCINNATI

PLEASE TYPE OR PRINT, MAIL WITH DUES PAYMENT TO THE MEMBERSHIP SECRETARY

Nina Tolley, 3900 N. Cliff Lane, Cincinnati, OH 45220

Date _____

Last Name _____ First Name _____

Maiden Name _____ Husband's First Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

ACADEMIC TRAINING

Schools and length of time attended: _____

Degree, if obtained _____

Other Training (specify) _____

"Friend of the Arts" Applicant – Check Here

QUALIFICATIONS

Exhibitions (Group Shows, One-Man Shows) _____

Awards: _____

Professional Experience: _____

Of what other organizations are you or have you been a member? _____

How did you learn of The Woman's Art Club of Cincinnati?

Newspapers _____ WACC member _____

TV _____ Other _____

Art Exhibits _____

(FOLLOWING NOT TO BE FILLED IN)

Date accepted as Associate Member _____

Date voted in as Active Member _____

Date voted in as "Friend of the Arts" _____