



Membership Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Phone #: _____ Cell #: _____

Preferred Medium: _____

Please include my information on the SAL website membership page.

Please circle one:

Student \$10.00 Individual \$35.00 Family \$45.00 Supporting Member \$100.00

Please drop this form at the SAL Gallery at 104 S. Austin St. -or- Mail to Seguin Art League, Attn: Membership Committee, P.O. Box 445, Seguin, TX 78156. This form can also be found ONLINE on the membership page at: www.seguinartleague.com

Office Use only: Date Paid _____ Amount Paid _____ Check # _____