

## Ocala Art Group Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: (print clearly) \_\_\_\_\_

Membership: New \_\_\_\_\_ Renewal \_\_\_\_\_ Single Membership -\$30 \_\_\_\_\_ Family Membership (same address)-\$45 \_\_\_\_\_

**Workshop Registration** -\$100.00/\$150 \_\_\_\_\_ Barbara Barrett Dec 16-17 \_\_\_\_\_; Pat Weaver April 11-12 \_\_\_\_\_

Mail application and a check  
for the appropriate amount  
to:

**The Ocala Art Group**  
**PO Box 314**  
**Ocala, FL 34478-0314**

**I would like to assist as an OAG member in the following areas:**

(Check all that apply)

\_\_\_ Shows & Exhibits

\_\_\_ Newsletter & Website

\_\_\_ Demos & Workshops

\_\_\_ Monthly Meet Greet/hospitality

\_\_\_ Membership Committee

\_\_\_ Other \_\_\_\_\_