



**FPAL MEMBERSHIP FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Please check appropriate box**

RETURNING MEMBER

**Membership fee \$25.00**

NEW MEMBER

**Membership fee \$25.00**

**Tell us something about yourself:**

Do You Teach? ( Yes/ No) Are you interested in doing a Demo? ( Yes/ No)

Media(s) \_\_\_\_\_

Focus (landscapes, still-lives, Modern, etc. ) \_\_\_\_\_

Training \_\_\_\_\_

Major Awards Won \_\_\_\_\_

Other \_\_\_\_\_

**Mail to: Floral Park Art League, P.O. Box 72, Floral Park, NY 11002,  
with a check payable to "The Floral Park Art League, Inc."**

If you are already a member, perhaps you would like to pass this form to someone who might be interested in joining the Floral Park Art League.