



MEMBER APPLICATION

PROPOSER: _____

NAME: _____

PHONE: _____

ADDRESS: _____

STATE & ZIP: _____

APPLICANT'S SIGNATURE: _____

Send this form with payment to:

Da Vinci Art Alliance (ATTN: Membership)

704 Catharine Street

Philadelphia, PA 19147

Membership to Da Vinci Art Alliance:

\$30 annually

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