

WAA APPLICATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail Address: _____

Signature

Date

Please write clearly

Mail Payment of \$30 per member (spouse is free) to:



Willingboro Art Alliance
Attention: Membership Chairperson
Shirley Cohen
316 White Birch Drive
Cinnaminson, NJ
08077