KISHWAUKEE VALLEY ART LEAGUE

KVAL • PO Box 523 • Sycamore, IL 60178 • www.kval.us

Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-Mail: _____

Would you like to receive your newsletter by: Mail Only _____ E-mail Only_____ Both _____

Please list Family Members: _____

Media of Interest: _____

_____

Dues: (Check One) ( ) Single Membership $ 20.00
( ) Family Membership $ 25.00

Recommendations or Suggestions for Demonstrators or Field Trips:

_____

_____

Make checks payable to: Kishwaukee Valley Art League
Mail this form with payment (or present in person) to:

Barbara Grant
1972 Paw Paw Road
Steward, IL 60553
815-762-9939