

2022 Visual Artist Alliance of LaGrange Membership Form

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Home Phone: _____ Cell phone: _____

-----**RETURN UPPER PORTION WITH PAYMENT**-----

- Dues are \$35 per year. Membership runs from January to December.
- There is a \$35 exhibition fee for each VAAL exhibit you choose to enter. These can be paid anytime prior to deadlines.

Mail payments to:

**VAAL
PO Box 354
LaGrange, Georgia 30241**

- **All other information will be sent via email. Please be sure that these emails are not sent to SPAM folders.** If you need information sent by other means (such as snail mail or text) please contact Thea McElvy at 706-773=5783 (text preferred).