

2025 WAA Membership Application Form

Name: _____

Spouse/Partner: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Cell # _____

E-Mail Address: _____ Website: _____

Please check the WAA committee(s) on which you would consider serving:

- | | | |
|---|--|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Exhibitions |
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Membership | <input type="checkbox"/> Historian |
| <input type="checkbox"/> Computer Support/Programming | <input type="checkbox"/> Video Editing | <input type="checkbox"/> Facilitating a class |

Signature

Date

To pay online: <https://willingboroart.org/waa-membership-application-form>
or send the above application with a check payable to: **Willingboro Art Alliance**

Mail Payment to:

Diane Carrier

WAA Membership Chairperson

51 Dunstable Road

Southampton, NJ 08088

Membership runs from January 1 to December 31

Membership \$35. (spouse is free)

Full time student \$10

