

**KVALnfp**  
Kishwaukee Valley Art League  
ART: Inspire. Explore. Create

<http://www.kval-nfp.org/>

**Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Land: \_\_\_\_\_ Cell: \_\_\_\_\_ (check one)

Email: \_\_\_\_\_

Newsletter method of sending: Email \_\_\_\_\_ Stamped mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Professional skills that might help : \_\_\_\_\_

Media of interest:: \_\_\_\_\_

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Annual Dues: (Check one)

- ( ) Single membership \$35.00
- ( ) Family membership \$40.00
- ( ) Friend of KVAL \$100.00
- ( ) Patron of KVAL \$500.00
- ( ) Student 18-24 Reduced Rate

Make checks payable to:

**KVAL nfp**

Mail this form with payment or present in person to:

KVAL nfp Membership  
PO Box 523  
Sycamore, IL 60178