

Columbian *Artists* Association

Name _____ Phone # _____

Cell Phone # _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Media _____ Other art interest _____

Please make check out and mail to:

Columbian Artists Association

P.O. Box 2862,

Longview, WA 98632

Please include a check in the amount of \$35.00 for a 1-Year Membership with your completed membership form.

Thank you,

Eileen Thompson, President