

# Membership Application



## Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

## Membership Dues

Mail to: Chaparral Artists, P.O. Box 2202, Joshua Tree, CA 92252

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Individual | \$25   |
| <input type="checkbox"/> Couple     | \$35 (add \$5 for each additional family member) |
| <input type="checkbox"/> Corporate  | \$70   |

## Interests

Tell us in which areas you are interested in volunteering

- |   |   |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Deliveries             |
| <input type="checkbox"/> Events         | <input type="checkbox"/> Phone Bank             |
| <input type="checkbox"/> Field Work     | <input type="checkbox"/> Newsletter production  |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Volunteer coordination |

## Special Skills

Summarize special skills and qualification you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please list your website.