

Registration Form for Adult Classes and Workshops

Name _____

Address _____

_____ Zip _____

Phone _____

E-mail _____

Class/Workshop Title(s) _____

Member ___ Non-member ___

Total fees _____

Check No. _____

or

Visa/MC _____

Exp (mo/yr) _____ 3 digit code _____

Cardholder Signature _____

Membership dues -- enclosed or included in credit card payment:

Student \$25 ___ Individual \$45 ___ Family \$60 ___

Please make checks payable to *Art Alliance* and mail to:
Art Alliance, P.O. Box 811, Lemont, PA 16851.