



MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		
Date of Birth:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
Occupation:	Preferred Artistic Medium(s):	
Tell us a bit about you, your projects, and why you're interested in Purple Crayon.		
Are you interested in taking workshops at Purple Crayon, and, if so, what type(s) of workshop would you like to take?		
Are you interested in facilitating workshops at Purple Crayon, and, if so, what type(s) of workshops would you like to facilitate?		
How did you hear about Purple Crayon?		
DESIRED MEMBERSHIP LEVEL		
First Choice:	Second Choice:	Third Choice:
EMERGENCY CONTACT		
Name:		
Relationship:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
SIGNATURE		
By signing below, you acknowledge that the information you provided in the Membership Application is correct to the best of your knowledge.		
Signature of applicant:		Date: