

# HAL Membership Form

If you did not submit this information online, please print this paper form and mail it to Diane Chandler with the membership fee. Send \$30 check, payable to **Hamden Art League**, to Diane Chandler, 204 High Street, Wallingford, CT 06492

Questions: e-mail hamdenartleaguect@gmail.com

1. First Name\* \_\_\_\_\_
2. Last Name\* \_\_\_\_\_
3. Street address, and apartment number if applicable\* \_\_\_\_\_
4. City\* \_\_\_\_\_
5. State\* \_\_\_\_\_
6. Zip code\* \_\_\_\_\_
7. Home phone number (if applicable) \_\_\_\_\_
8. Cell phone number (if applicable) \_\_\_\_\_
9. E-mail\* (please provide one) \_\_\_\_\_
10. All members' names will be on the HAL website. Art website URL, if you wish it to be placed on the HAL website \_\_\_\_\_, Send an email if you wish to opt out of your name on the website.

11. Specific HAL activities you wish to participate in. *Check all that apply.*

- Monthly demonstrations
- Exhibitions of your artwork
- HAL sponsored workshops
- Plein air sessions
- Scholarships to artists graduating high school
- Outreach to new / young artists
- Critiques of your artwork

12. Additional comments and information you would like to share with the HAL board and / or HAL community.

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13. I am interested in volunteering/assisting for the following HAL committees: Programs, AV, Judges, Exhibitions, Publicity, Hospitality/Refreshments, Historical Archives, Community Outreach, Grant Writing