

# Application

Thank you for wanting to join the Morristown Artists Assn. Please complete this form, then either hand it in at a meeting or mail it to

MAA Chi Warner c/o Rose Center  
P.O. Box 1976  
Morristown, TN 37816

The fee is \$25 for a single or \$35 for a family for 2 votes.

Name \_\_\_\_\_

Second family name \_\_\_\_\_

Address \_\_\_\_\_ city \_\_\_\_\_

State \_\_\_\_\_ zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

If you wish to tell us about your interest in art, please use the area below.