



**Society of York Region Artists
MEMBERSHIP APPLICATION**

January 1 – Dec. 31

PLEASE PRINT

NAME: _____

ADDRESS;

POSTAL CODE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

PAYMENT RECEIVED: \$40.00 CHEQUE ONLY if mailed

Received by _____
Membership Convenor

PRIVACY OF INFORMATION:

This statement regards the use of your contact information. In order to comply with current legislation, please read and sign the final statement If you are in agreement. Otherwise, your contact information will be held by the executive and will not be available to others without your permission.

My contact information may only be used for the purpose of receiving the newsletter or other notifications from SOYRA. It is not for general use of the membership.

SIGNATURE: _____

Mail form to: Society of York Region Artists, P.O. Box 71591, Aurora, ON L4G 6S9