

Regional High School Complimentary WRAA or Renew Membership

Name _____

Address _____ Use home address to receive information all year.

City _____ State _____ Zip _____

County of Residence _____ Phone _____ Email _____

New member or Renewal

I am a participating HS Art Teacher at _____ High School.

My students participate in the Regional HS Art Exhibit, town/location: _____

I am regional HS Exhibit coordinator held in town/location _____

Note: Wisconsin Regional Artist Association membership year: Oct 1, through Sept 30.

Paid by WRAA. Valued at \$ 20 Newsletter includes regional exhibit/event information

Send membership information to: Karen Cahill, 302 Fargo, Lake Mills 53551

920-728-4325 or cahillh44@yahoo.com

OPTIONAL

Yes, I have enclosed a gift to support the Statewide Teen Art Program (STAMP)

Make check payable to WRAA. Gifts are tax-deductible. Amount \$ _____.

Join us at Facebook. Search
"WRAA Wisconsin Regional Artists Association"



wraawrap.com