



MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Name _____

Address _____

Studio address (if different than home address)

Phone# _____ cell# _____

Email address: _____

Media and description of work _____

I agree to share this information for other members of RRAA

Please do NOT share this information

YES I WOULD LIKE TO VOLUNTEER

Referred by: _____

Signature _____ Date _____