

**CALIFORNIA SOCIETY OF PRINTMAKERS
APPLICATION FOR NON-ARTIST MEMBERSHIP**

DATE: _____

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP, COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

WEBSITE: _____

AMOUNT ENCLOSED (make check payable to California Society of Printmakers):

SUPPORTING MEMBER (\$60): _____

PATRON MEMBER (\$150): _____

INSTITUTIONAL MEMBER (Non-profit, Library, or Educational): (\$75) _____

BUSINESS MEMBERS: (\$150) _____

If you want your business or institution listed on the printmakers resources page of the CSP website, please attach your listing information (name of business and a short description, along with your website link. If you want a jpg image and more complete posted, email the image to info@caprintmakers.org. The image should be a jpg, 300 dpi, no more than 6 inches in its longest dimension, along with one or two paragraphs of information about the business or institution.

PLEASE RETURN THIS FORM WITH YOUR CHECK TO:

California Society of Printmakers
P.O. Box 475422
San Francisco, CA 94147