



Regional High School Complimentary AWA 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 AWA. 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 \$ _____.