

HCAA JURIED ARTIST MEMBERSHIP APPLICATION FORM

Name: _____

Address: (Hamilton County residence required)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____

E-Mail: _____

Type of media in which you work:

Art Background:

I acknowledge and agree to artist membership participation requirements

Signed: _____

Date: _____

Mail/drop off completed application:

Hamilton County Artists' Association

195 South Fifth Street

Noblesville, Indiana 46060