



Membership Application/Renewal  
Western Art Associates of the  
Phoenix Art Museum

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred telephone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Contact me by: Email \_\_\_\_\_ Regular Mail \_\_\_\_\_

Enclosed is my WAA Membership check payable to: Western Art Associates.  
You can also pay your membership fee on our website:

[http://waa-phoenix.org/crbst\\_11.html](http://waa-phoenix.org/crbst_11.html)

Active                      \$150

Patron                         \$300

**Note:** Membership in the Phoenix Art Museum is a prerequisite for  
membership in Western Art Associates.