



Okaloosa Arts Alliance

## Membership Application For Individual

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email \_\_\_\_\_

Representative: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Annual dues for individual membership are \$25 and are for one calendar year beginning upon acceptance of application.

Enclosing  Pledging  \$ \_\_\_\_\_

***Make checks payable and mail to:***

Okaloosa Arts Alliance  
P.O. Box 4426  
Fort Walton Beach, FL 32549

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your support !