



Member Registration – Midway Art Gallery

PLEASE PRINT - PERSONAL INFORMATION:

First Name:	
Last Name:	
Email Address:	
Confirm Email Address:	
Cell Phone:	Home Phone:

PLEASE SELECT THE MONTHS YOU WOULD LIKE TO DISPLAY YOUR PAINTINGS:

February/March	<input type="checkbox"/>	April/May	<input type="checkbox"/>
June/July	<input type="checkbox"/>	August/September	<input type="checkbox"/>
October/November	<input type="checkbox"/>	December/January	<input type="checkbox"/>

Mail Registration form to:

Pamela Flynn
P. O. Box 144

Midway, UT 84049 **Or email topamelaflynn@yahoo.com**

Scan and email to:

**CONFIRMATION OF YOUR SELECTION WILL BE SENT UPON
RECEIPT OF YOUR REGISTRATION**

Signature:	Date:
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Print Name:
