



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 2019	<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 2020	<input type="checkbox"/>

Mail Registration form to:
Pamela Flynn
P. O. Box 144
Midway, UT 84049

Or

Scan and email to:
pamelaflynn@yahoo.com

**YOU WILL BE NOTIFIED IF THE MONTHS YOU HAVE
SELECTED ARE FULL IN ORDER TO SELECTION ANOTHER TIME**

Signature:	Date:
Print Name:	