

Braintree Art Association

Application For Membership or Renewal DATE.....

Name E-mail Phone #.....

Address Town State Zip.....

Reg. Membership \$25/year – Srs. \$20/year – Students \$15/year—Family \$35/year.
(include all names)

New Member Renewal Scholarship Donation \$..... BAA Donation \$.....

Total Amount Enclosed \$ Check #

Make Check payable To: *Braintree Art Association*
c/o Robert Martin, 11 Curran Terrace, Randolph, MA 02368-5009