

The American Artists Professional League INC.

APPLICATION FOR ELECTED ARTIST MEMBERSHIP

Please fill in the Application for Elected Artist Membership below and include three images of your work in any of the following formats: CD or a high resolution .jpg or .png (by e-mail). The non-refundable application fee of \$75 can be paid by check / money order, or you can pay on our website using PayPal or your credit card.

Make check or money order payable to the order of:

American Artists Professional League, Inc.

And mail to: American Artists Professional League
Salmagundi Club
47 Fifth Avenue
New York, NY 10003

E-Mail: office@aaplinc.org

Website: [http:// www.aaplinc.org](http://www.aaplinc.org)

Name.....

Address.....

City & State.....

Zip..... Phone.....

E-Mail

Website.....

Oil / Acrylic..... Sculpture.....

Pastel..... Water Color.....

Graphic/Mixed Media.....

EXHIBITIONS:

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ART EDUCATION:

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SCHOOLS:

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TEACHERS:

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MEMBER OF FOLLOWING ART SOCIETIES:

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AWARDS:

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