



The Rio Rancho Art Association

PLEASE PRINT CLEARLY

Name _____

Address _____

Studio address (if different than home address) _____

Phone# _____ cell# _____

Email address _____

Media and description of work _____

I agree to share this information for other members of RRAA _____

Please do NOT share this information _____ YES I WOULD LIKE TO VOLUNTEER-----

Signature _____ Date _____