



PRECITA EYES MURALISTS ASSOCIATION INC.

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MEMBERSHIP REGISTRATION FORM

(Please Circle One) NEW OR RENEWAL

Date: _____

Name: _____

Address _____ City _____

State _____ Zip _____

Telephone (Day) _____ Evening _____

E-Mail: _____

Type of Membership: **(check one)**:

Individual \$60 _____ Family \$100 _____ Organization \$150 _____

Amount Paid: _____ Membership Fee + \$ _____ Scholarship Fund

(Circle One) Check _____ Cash _____ Credit Card _____

The Precita Eyes Scholarship Fund:

When you donate to the Precita Eyes Scholarship Fund your donation will be used to help low income students participate in Precita Eyes Muralists classes and programs. Contributions to the scholarship can be paid along with your membership fee.

Please return this form **with** your membership fees. Thank you!