



## MEMBERSHIP APPLICATION

Circle your  
membership  
level:

INDIVIDUAL

DUAL

INSTITUTIONAL

Is this a renewal: YES / NO

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### Contact Information

Name:

2<sup>nd</sup> name  
(DUAL):

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### Mailing Address

Street (include apt.)

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City

State/Province

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Postal Code

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Please include check or money order payable to *American Art Pottery Association* for the below amount (based on membership level):

**INDIVIDUAL: \$54.00**

**DUAL: \$60.00**

**INSTITUTIONAL: \$75.00**

Send application and payment to:

AAPA, 22050 Hadden Road, Euclid, OH 44117