

SOUTH LAKE ART LEAGUE MEMBERSHIP RENEWAL FORM

Please complete this form and mail with payment to the Treasurer at:
SLAL, P.O. Box 121672, Clermont, Fl. 34712-1672 or hand deliver to the Downtown
Gallery at 776 W. Montrose St., Clermont and place it in the mail slot at the back counter.

Member's Name _____

Check membership type: Family _____ Full _____ Photography Club Only _____

Annual Membership Dues: Family \$45.00 Full \$40.00 Photography Club Only \$20.00

Payment Amount \$ _____ Date _____

New contact information (if there has been a change):

Address: _____

Phone: _____ Email: _____

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