



Application for Affiliation with the College Art Association

ORGANIZATION

Name _____

Date Established _____ Annual Dues _____ Number of Members _____

Titles of Elected Officers

Titles of Appointed Officers

Purpose:

What scholarly/artistic activities does this organization undertake:

SUBMITTED BY:

Name _____ Position _____

Address _____

Signature _____ Date _____

Phone _____ Email _____

Please submit the following with this application:

- List of members' names
- Constitution and/or By-laws
- Sample publications (e.g., membership brochure, catalogues, newsletter)

Type or print neatly and mail this form and its supporting material to: Emmanuel Lemakis, Director of Programs, College Art Association, 50 Broadway, New York, NY 10004. Questions? Call 212-392-4410