



Membership Application

PO Box 896
130 S. Main
Wagoner, OK 74477

Date: _____

Artist/Individual \$35 _____

Annually Business \$55 _____

Annually Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Fax: _____

Please make all checks payable to: Wagoner Arts Alliance. Membership subject to review.

To pay via PayPal, please select one of the buttons to the left.