



Membership Form

Name of Artist: _____

Email: _____

Phone Number: _____

Address: _____

Name & Address of Gallery/Studio/Business: _____

Website: _____

Social Media: _____

Short Description of Artwork/Medium: _____

*required

Website: www.ccacart.org | Facebook: @CCArtC

Meetings held 2nd Wednesday of the month at 5pm at The Frame Shop

Annual Dues: \$25 Adults | \$12.50 Students 16-18

Can be dropped off at The Frame Shop

1030 Chestnut St.

Coshocton, OH 43812