



CALIFORNIA ARTIST COALITION OF LOS ANGELES

phone/fax number: 323-769-5270 • info@cacla2006.org • P.O. Box 351234, Los Angeles, CA 90035 • www.cacla2006.org

MEMBERSHIP APPLICATION

Name _____ Date _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Fax # _____

Email Address _____

Educational Background:

Artistic Discipline(s):

Media Exposure: *(newspaper, TV, radio, books published, books you are in, magazine articles, anthology, other)*

Profession:

Exhibition(s) in the past 3 years: *(Please list any additional exhibitions on another sheet of paper)*

Place _____ City _____ Mo/Yr _____

Place _____ City _____ Mo/Yr _____

Place _____ City _____ Mo/Yr _____

CACLA USE ONLY

Membership Committee Approval

Long-Established

Mid-Career Artist

Emerging Artist

Non Artist

Membership Approval Signature _____

Membership Approval Signature _____

Membership to CAAM

Two signatures required for approval