

**ARLIS/WNY MEMEBERSHIP REGISTRATION**

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

INSTITUTION ADDRESS: \_\_\_\_\_

INSTITUTION/PERSONAL WEBSITE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Send mail to: \_\_\_ work \_\_\_ home

Check here if you DO NOT wish to be included in the ARLIS/WNY Membership Directory to be published on the ARLIS/WNY website: \_\_\_ (only business information will be included in that directory)

Membership runs January-December

Check here if you are a NEW member: \_\_\_

Dues: \$20.00 + \_\_\_\_\_ optional contribution toward events/programs  
(i.e. travel award fund, honorarium fund)

Suggestions/sites for future programs, training, and any other thoughts you would like to convey to ARLIS/WNY Executive Board members:

Please return this form with your check payable to **ARLIS/Western New York** to

Susan Nurse  
Memorial Art Gallery  
500 University Avenue  
Rochester, NY 14607

Your cancelled check will serve as your receipt.