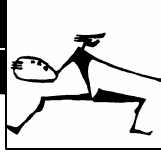


Dade Art Educators
Association



Membership Application

Please print all information clearly

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ E-mail Address: _____

School (s): _____

School Mail Code: _____ Phone #: _____ Fax #: _____

Please indicate one or more areas in which you would like to assist in your professional organization:

- Membership Travel Exhibits & Shows Professional Growth
 Hospitality Publishing Public Relations Advocacy Other _____

Membership Dues

✓ Check one

New Renewal

- \$30.00 **DAEA Active** (Currently Teaching Art)
- \$15.00 **DAEA Associate** (Retired Art Educator, Parent, College Student, Classroom Teacher or Administrator)

Please mail your **Membership Application** and **Check** payable to **DAEA** to:

Susan Blair
DAEA Treasurer
6001 S.W. 46th Street
Miami, Florida 33155

To renew your **FAEA membership**, contact them directly via phone at 850.225.0068 or visit their website at <http://faea.org>.

For official use only: Check # _____ Cash _____