



WORKING ARTISTS

2211 NW Front Ave. #102
Portland OR 97209

503.445.1268



Application Form

Date:

Your Name:

Address:

City, State ZIP

e-mail: phone:

website:

Your Signature

Your art or creative profession:

Retailers, Companies, Organizations from which you'd like to receive discounts
(please keep the list to those entities that primarily serve your business needs)

Other programs you'd like to see offered:

Other information you'd like to share/comments:

PAYMENT OPTIONS

\$55 Quarterly¹

\$189 Annual

By signing this form to the right, you are agreeing to participate in this membership program for 12 months from the date of your application's approval. You further agree that if you are choosing to pay for your annual membership on a quarterly basis that you will make your payments by the due dates as determined below.

¹ Quarterly payments are due on the same day as the date on the application form, in three month increments. For example, if the Application Form is dated 11/15/2007, then your due dates for the next 3 payments are 02/15/08, 05/15/08 and 08/15/08.

PLEASE NOTE

This order form is for payments made by check, cash, money order, or cashier check only. We take credit card and PayPal payments on our website. To register online go to <http://www.workingartistsonline.com/wan.html>