

Artist Profile and Membership Form

This form is intended for use only by the Artists With Disabilities Alliance -- for communicating to and networking among members. There is no charge at this time for membership; all current activities are volunteered by members.

First name:

Last Name:

Address:

Apartment or Suite no.:

City:

Zip code:

Telephone:

Fax:

What is your e-mail address?

What is your web site address:

Preferred means of contact about AWDA meetings/activities indicate (check one):

e-mail: mail: phone: fax:

Choose one or more category

Category of work in the arts:

- print making - screen
- print making - etching
- print making - hand cut
- print making - lithographs
- print making - other
- sculpture - metal
- sculpture - ceramic
- sculpture - mixed media
- sculpture - other
- painting - oil
- painting - watercolor
- painting - acrylic
- painting - mixed media
- graphics
- video
- film
- digital multimedia
- illustration
- animation
- poetry
- prose
- performance art
- installations
- music - composing
- music - instruments
- music - singing
- theater - actor
- theater - playwright
- mime
- other

If other or more detail write in here:



OTHER INFO:

temporary web address:

<http://www.angelfire.com/mn3/awda/>

Webmaster: MariJayn:

e-mail: OpusArts@aol.com

651 457 4376

web site related matters only

General Information contact:

Barb Saunders: 952 920 2090

VSA arts of Minnesota contact:

Jon: Jon.vsarts@bcmn.com

612-332-3888 v/tty

<http://www.OpusArtsLLC.com>

<http://mn.vsarts.org>



Write in your responses in the areas below. Provision of the following info is optional:

Artistic Abilities:

Other strengths, skills offered to AWDA:

Artistic Goals:

Wish List of needs to achieve Artistic Goals:

Disabilities (if you choose to disclose):

Accommodations (disability related) needed to participate in AWDA:

Other interests and activities enjoyed: