



Individual Membership Application

Name: _____

Mailing address: _____

City _____, IN Zip Code: _____

Phone Number: (____) _____ Cell Phone: (____) _____

E-mail: _____

Organizational Affiliation (if any): _____

Individual membership = \$10.00

Please make checks payable to:

Kokomo/Howard County Arts League
700 E. Firmin St.
Kokomo IN, 46902

Contact: steven.a.hughes@sbcglobal.net
Phone: (765) 453-2439