

MONTAUK ARTIST'S ASSOCIATION, INC.

NOT FOR PROFIT - TAX EXEMPT



Send Application to:
P.O. Box 2751
Montauk NY 11954

ART CLASS REGISTRATION

Today's Date: _____

Name _____ Phone _____

Address _____

City, State, Zip _____

Email address _____

Class 1. Title _____ Tuition Fee: _____

Materials Fee: _____

Class 2. Title _____ Tuition Fee: _____

Materials Fee: _____

Class 3. Title _____ Tuition Fee: _____

Materials Fee: _____

Membership Fee: _____

Total Fee: _____

My check is enclosed payable to **Montauk Artist's Association, Inc.**

I wish to pay by credit card: *(Circle one)* American Express Discover MasterCard Visa

Credit Card # _____ Exp. Date _____

CVV security code on back of card: _____

Signature: _____