



Membership Application 2025

Membership is \$25 yearly (January 1 through December 31)

Send this application and membership check to:

VIVA C/O Barbara Benedetti Newton, 26309 97th Ave SW, Vashon, WA 98070

Type of Membership: Artist Gallery Art/VIVA Supporter

IMPORTANT: We add some members' information to our public, online artist directory. Please confirm which data (if any) you permit VIVA to post by checking the box next to it. If you do NOT indicate what data CAN be included, we will NOT include you in the directory.

Name: _____ Medium: _____

Studio Name (if different): _____

Mailing Address: _____

Street Address of Studio: _____

Phone: _____ Studio Phone # if different: _____

Email address: _____

Website (if you have one, FULL url): _____

If you are donating above your membership fee, please write amount here: _____

Your donation is for: VIVA Scholarships VIVA Operations

How would you like to participate? (events, scholarships, PR, other ideas): _____

Interested in teaching a class, what type?: _____

This application is for membership from January 1, 2025 - December 31, 2025.