



## Member Registration – Midway Art Gallery

### PLEASE PRINT - PERSONAL INFORMATION:

First Name:	
Last Name:	
Email Address:	
Confirm Email Address:	
Cell Phone:	Home Phone:

### PLEASE SELECT THE MONTHS YOU WOULD LIKE TO DISPLAY YOUR PAINTINGS:

February/March	<input type="checkbox"/>	April/May	<input type="checkbox"/>
June/July	<input type="checkbox"/>	August/September	<input type="checkbox"/>
October/November	<input type="checkbox"/>	December/January	<input type="checkbox"/>

### Mail Registration form to:

Pamela Flynn  
P. O. Box 144  
Midway, UT 84049

Or

### Scan and email to:

[pamelaflynn@yahoo.com](mailto:pamelaflynn@yahoo.com)

**CONFIRMATION OF YOUR SELECTION WILL BE SENT UPON  
RECEIPT OF YOUR REGISTRATION**

Signature:	Date:
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Print Name:
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