



Since 1979

Application for membership year: Nov. 1, 2009 – Oct. 31, 2010 • SIGNATURE REQUIRED

Membership/Renewal Application

By this application and upon its subsequent acceptance/approval (PSA Bylaws, Article 12, Section 3), I acknowledge my responsibility to individually and collectively support the PSA in all of its educational program activities by conducting myself in a manner consistent with the PSA educational mission and altruistic spirit of a public charity organization as dictated by Section 501(c)(3) of the Internal Revenue Code.

Our Mission:

Portrait Society of Atlanta Bylaws. Article 2, Nonprofit Purposes. Section 2. Specific Objectives and Purposes:

The specific objectives and purposes of this corporation shall be:

(a) to promote public awareness of the portrait as a valid and valuable art form through exhibitions, critiques, lectures, workshops, publicity and other forms of professional development.

(b) publish a quarterly magazine containing articles and features focusing on portraiture, contemporary as well as historical.

(c) to engage in other activities related to educating the public regarding portraiture.

The organization is dedicated to passing on to the general public the collective knowledge of its members. Accepting and following these objectives will create a new and greater respect for the portrait as an art form by the public. Additionally, applying these objectives will improve the quality of the work done by portrait artists and increase the stature of portraiture and each portrait artist.

Date _____ Referred to PSA by _____ Applying for: New membership
or Renewal of membership

Mr. Ms. Mrs. (Circle one) _____
(Last) (First) (Middle Initial) (Name that you go by)

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Studio/Office _____ Cell phone _____

E-mail and/or website _____
If applying for renewal, please state current member status level: _____

Signature (required) _____
Check for more information on limited, non-artist supporter or spouse level membership.

TYPE OF PORTRAITS: Check those you do:

- Institutional/Corporate Men Women Children Group Animals only
 People with animals Montage Caricature Other _____

YOUR WORKING PROCEDURE:

- Life sittings Photography Combination of these

MEDIA:

- Oil Pastel Watercolor Acrylic Alkyd Casein Egg Tempera Charcoal
 Pencil Pen & Ink Other: please specify _____

Sculpture: Bronze Marble Terra-cotta Other: please specify _____

ART TRAINING AND EXPERIENCE:

Please list shows, awards, and types of portrait work you have done, if any. You may use the back or a separate sheet of paper if needed. Please include a resume or biography if you have one prepared. However, it is not required for membership.

SPECIAL SKILLS: Please check those areas in which you can contribute to the organization:

- Graphics Marketing/PR Historical art knowledge Writing Researching
 Administrative/Clerical Photography Computer literacy Detail-oriented/Organization

Other areas in which you think you can be of help: _____

Return completed form with payment to PSA Membership Coordinator:

Jean Scanlin Wright, 4261 Shipyard Trace NE, Roswell, GA 30075 • 770-518-7281

2009-2010 ANNUAL DUES: \$50 • PAYABLE TO: The Portrait Society of Atlanta