



THE NATIONAL SOCIETY OF ARTS AND LETTERS

Founded 1944

A Non-Profit Volunteer Organization Creating Opportunities for Young Artists

Members of the National Society of Arts and Letters (NSAL) are persons who have achieved a professional level of training or competence in Visual Art, Dance, Drama, Literature, Music, Musical Theatre, Voice and/or Arts Advocates who have consistently encouraged and supported the Arts, particularly young talent in the creative and performing Arts. Membership is open to all qualified persons. We welcome your interest and encourage you to complete the following:

MEMBER PROFILE

(Please type or print for readability)

Chapter: Clearwater/Tampa Bay

Date: _____

Dr.

Mr. / Mrs.

Ms. / Miss: _____

Last

First

Middle

Spouse's Name: _____

Address: _____

Number

Street

City

State

Zip

Home Phone: _____

FAX: _____

Work Phone: _____

e-mail: _____

MEMBERSHIP CLASSIFICATION: Indicate one of the following –

Active and Associate Initiation fee: \$55 (one time only)

_____ Active _____ Associate _____ Life _____ Affiliate

DUES:

Active	\$75
Associate Member.....	\$60
Life member.....	\$1,500
Affiliate.....	\$10

Dues and initiation fee will be payable upon acceptance. Initiation fee \$55, dues \$75 = \$130.

Members are required to purchase four (4) tickets to the Annual Awards Luncheon (\$150).



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MEMBERSHIP DISCIPLINE(S): Indicate one or more of the following –

Visual Art Dance Drama Literature Music Musical Theater Operatic Voice
 Arts Advocate

PROFILE: Please check all descriptions that apply –

VISUAL ART:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Architect	<input type="checkbox"/> Cartoonist	<input type="checkbox"/> Calligrapher
<input type="checkbox"/> Ceramist	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Critic	<input type="checkbox"/> Designer
<input type="checkbox"/> Historian	<input type="checkbox"/> Illuminator	<input type="checkbox"/> Illustrator	<input type="checkbox"/> Instructor
<input type="checkbox"/> Painter	<input type="checkbox"/> Photographer	<input type="checkbox"/> Sculptor	

DANCE:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Ballet	<input type="checkbox"/> Choreographer	<input type="checkbox"/> Critic
<input type="checkbox"/> Ethnic	<input type="checkbox"/> Instructor	<input type="checkbox"/> Modern	<input type="checkbox"/> Musical Theater
<input type="checkbox"/> Performer			

DRAMA:

<input type="checkbox"/> Actor	<input type="checkbox"/> Critic	<input type="checkbox"/> Designer	<input type="checkbox"/> Director
<input type="checkbox"/> Dramaturge	<input type="checkbox"/> Instructor	<input type="checkbox"/> Playwright	<input type="checkbox"/> Producer
<input type="checkbox"/> Stage Manager			

LITERATURE:

<input type="checkbox"/> Compiler	<input type="checkbox"/> Critic	<input type="checkbox"/> Editor	<input type="checkbox"/> Instructor
<input type="checkbox"/> Lecturer	<input type="checkbox"/> Librettist	<input type="checkbox"/> Librarian	<input type="checkbox"/> Publisher
<input type="checkbox"/> Researcher	<input type="checkbox"/> Translator	<input type="checkbox"/> Writer	

MUSIC:

<input type="checkbox"/> Arranger	<input type="checkbox"/> Composer	<input type="checkbox"/> Conductor	<input type="checkbox"/> Critic
<input type="checkbox"/> Instructor	<input type="checkbox"/> Performer, Instrument		

MUSICAL THEATER:



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_____ Music

_____ Acting

_____ Dance

ARTS ADVOCATE:

_____ A person who has consistently encouraged and supported the Arts, particularly young talent in the creative and performing Arts.

_____ Volunteer

_____ Donor

_____ Collector

_____ Sponsor

AUTOBIOGRAPHY: Please use this page to tell us about your Professional Preparation (degrees), Professional Experience, Professional Organizations, Community Service/Involvement in the Arts, and Honors and Awards. (A resume may instead be attached).

Signature: _____ Date: _____

Please return completed form to:

Gail Van Zanten
Membership Chair
Clearwater/Tampa Bay Chapter
1560 Gulf Blvd., #1502, Clearwater, FL 33767



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CHAPTER APPROVAL:

Sponsored by: _____ Date: _____

Endorsed by _____ Date: _____

Approved by (Chapter President): _____ Date: _____