



DVAA Membership Form

Name: _____

Address: _____

City / Town _____ State _____ Zip _____

Phone _____ email _____

Level of Membership

☐ Student (to age 21)\$20

☐ Adult40

☐ Family60

☐ Senior (65+)25

DVAA membership is open to artists and anyone interested in the arts.

Mail to: DVAA, PO Box 1076, Greenfield, MA 01302

What is your media?

Anything you would like to see DVAA provide? let us know.