



**OCALA ART GROUP INC.**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_

*Membership Status: (check those that apply)*

- New
- Renewal
- Nothing has changed, same address, phone, email
- Single Membership \$35.00
- Family Membership \$50.00

Release of Liability: Ocala Art Group shall not be liable for any injury to Artist, or for any damage or loss of Artist's work. Artist agrees to assume all risk of damage to or loss of his/her own art from whatever cause.

In addition, Artist agrees that all members of the Board of the Ocala Art Group shall not be liable for any actual, consequential, or other damages or losses to Artist arising out of Board or Board members' decisions regarding the operations of the Ocala Art Group or events sponsored by such group.

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Please sign

*Mail application & check (made out to OAG) to:*

Ocala Art Group, P.O. Box 772834, Ocala FL 34477-2834