



OCALA ART GROUP, INC.

Name _____ Date _____

Address, City, State, Zip _____

Cell Phone _____ Alt. Phone _____

E-Mail _____ Birth Month and Day _____

_____ Single Membership \$35.00/Year _____ Cash _____ Check Number

_____ Family Membership \$50.00/Year _____ Cash _____ Check Number

NEW MEMBERS

A year runs from June 1st to May 31st. If you joined January 1st or after, you will not have to renew membership until May 31st of the **following** year. Mail application and check (made out to OAG) to Ocala Art Group, P.O.Box 772834, Ocala, FL, 34477-2834.

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 or damage to or loss of his/her own art from whatever cause.

In addition, Artist agrees that all members of the Board of 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.

Signature _____