



Membership Form

PLEASE PRINT

First Name _____ **MI** _____ **Last Name** _____

Address _____

City _____ **ST** _____ **Zip** _____

Phone Number: _____

E-mail: _____

Annual membership fee: \$25 \$15 (full-time students)

Additional donation toward Louisville Clay Scholarship Fund: \$ _____

(suggested minimum \$5)

Total amount enclosed \$ _____

Please mail check payable to:

Louisville Clay

P.O. Box 17717

Louisville, KY 40217-0717

Calendar Year: September 1 to August 31

MISSION STATEMENT

LOUISVILLE CLAY is an association of regional ceramic artists dedicated to enriching individual creativity through a supportive community of peers and to enhancing the understanding and appreciation of ceramic art.