

Cherokee Artists Association, Inc.

Volunteer Form

Today's Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

I am available to help for

Special Events

Workshops

Sharing My knowledge in _____

Gallery Hanging/Show Preparation

Volunteering at the Gallery

Other:

Skills:

Reference Name &

Phone: _____

I am currently a member of the CAA

Wado!

Return to PO BOX 202 East Fifth Street, Tahlequah OK
or Email to info@cherokeeartistsassociation.org