



ORA NORTHWEST JEWISH ARTISTS  
MEMBERSHIP APPLICATION

Today's Date:

Name:

Email:

Street Address:

City/State/Zip:

Cell Phone:

Home Phone:

Website:

Your medium/media:

What do you hope ORA will do for you? Are you interested in workshops? Selling your work?  
Networking? Teaching? Other?

For volunteer opportunities, do you have any of the skills listed below? Please check.

Marketing/P.R. \_\_\_\_\_ Website management \_\_\_\_\_

Bookkeeping \_\_\_\_\_ Writing/copy-writing \_\_\_\_\_

Digital Graphic Arts \_\_\_\_\_ Grant Writing \_\_\_\_\_

Social Networking \_\_\_\_\_ Other: \_\_\_\_\_

Are you Jewish? Yes \_\_\_\_\_ How did you hear about ORA?

Are you affiliated with a local synagogue? Yes\_\_\_ No\_\_\_  
Which one?

Are you affiliated with any other Jewish Organizations? Yes\_\_\_ No\_\_\_ Which?

Do you currently show any work in a gallery? Yes\_\_\_ No\_\_\_ Which one(s)?

You may pay your membership dues at the online link. If you would prefer someone to contact you to accept credit card payment by phone, or for an address to mail us a check, please email us at <mailto:oraartists@gmail.com>