



The Collective of African-American Women Photographers

www.Sistagraphy.org

Membership Registration Form

Name	
Address	
City	
State / Zip	
Email	
Phone	

As a Sistagraphy Member, you are entitled to:

- Show your work at Sistagraphy exhibitions
- Attend Sistagraphy meetings (at least 5 in calendar year for locals)
- Participate in group email
- Join our list serve for photography networking and to learn of photography events/exhibitions

The annual Sistagraphy membership fee is \$35.00. Annual dues are due at the time of initial membership enrollment. Please mail this form and make check payable to:

Sistagraphy

P.O. box 162423

Atlanta, Georgia 30321-9999

Why are you joining Sistagraphy?
What skills do you bring to the organization?
How long have you been in your craft?
What area(s) would you like to participate in? (i.e., fundraising, membership, publicity, etc.)

I have read the above membership information and I understand what a Sistagraphy membership entitles me to.

Signature

Date