## Peregrine Press Membership Application

Name:	
Address:	
Telephone:	Studio Phone:
E-Mail Address:	
Profession:	
How did you find out about Peregrine Pres	s?
Please give a brief description of your exposure you interested in becoming a member of the	erience in the visual arts (include printmaking) and why are the Peregrine Press.
Please read all of the Peregrine Policies inc Membership Contract agreeing to abide by	cluded with this application. New members must sign a these policies.
Signature of Applicant:	Date:
Return this application to: MEMBERS	HIP COMMITTEE

Peregrine Press 61 Pleasant St. Portland, ME 04101