



# Lebanon Art & Crafts Association

P.O. Box 188, Lebanon, NH 03766 • www.lebanonartandcrafts.org • f

## Group Membership Application

DATE \_\_\_\_\_

**Primary Member Name** \_\_\_\_\_ Member # (if assigned) \_\_\_\_\_

(H) Phone # \_\_\_\_\_ (W) Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

**Associate Member #1 Name** \_\_\_\_\_ (H) Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

**Associate Member #2 Name** \_\_\_\_\_ (H) Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

*(Group Memberships greater than 3 requires additional approval of the Board – Provide additional names on the back of this page)*

Please describe the Groups art or craft in general terms and give a few examples of the kinds of items you offer for sale.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monthly Newsletter:** The Association publishes and delivers a monthly newsletter which is preferably delivered via email to minimize postage costs to the members.

I prefer to receive the newsletter: \_\_\_\_\_ via e-mail \_\_\_\_\_ via US Post

**Sponsored by LACA Member:** \_\_\_\_\_

**CONTINUED ON PAGE TWO** →

### For Office Use Only

**Dues:** \$55.00

**Amount Received:** \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Rec'd by \_\_\_\_\_ Committee \_\_\_\_\_

**Please read the following statement. Then sign and date.**

The Lebanon Art and Crafts Association (LACA) is a non-profit organization whose purpose is “to bring artists and crafts people together for mutual support and encouragement, to promote appreciation of art and crafts within the area, and to promote the sale of work as a stimulus to the creative interests and talents of the members.” (LACA Bylaws)

Items sold at LACA shows and sales are not juried. The organization, however, is governed by Bylaws whose provisions apply to all members. The Bylaws state: “Each artist or crafts person shall maintain a high standard in his/her work offered at shows and/or sales. Items offered should (1) be of high quality; (2) demonstrate technical proficiency in their respective craft areas; and (3) show individuality, originality and/or creativity in their design or execution.” The Bylaws further state: “All items offered at each show and/or sale shall be substantially crafted by the member.” To participate in the annual Christmas show, a member must attend a minimum of 3 membership meetings (inclusive of October). The group is required to work the same number of shifts as an individual member at the annual Christmas Show and Sale. For example, if an individual member is required to work six shifts during the show then the total number of shifts the group works would also equal six shifts.

Dues are payable upon joining LACA and annually thereafter at the beginning of the year. The dues are \$55.00. Meetings, unless otherwise notified, will be held at 7:00 p.m. on the THIRD Wednesday of the month (excluding November and December) at Dartmouth Hitchcock Hospital, Lebanon, New Hampshire. (See website for directions and any meeting changes.)

LACA bylaws do not allow business memberships. If your work is a group effort, you may join as a group membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Conflict of Interest**

**Please have each member of the group complete the following statement** so that the LACA executive board can be aware of any possible conflicts of interest in matters of business pertaining to the association.

**THIS IS REQUIRED BY LACA BYLAWS AND THE STATE OF NEW HAMPSHIRE.**

Statement of Member (Name) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

I am currently an officer, director, trustee, member, owner (either as a sole proprietor or partner), shareholder, or agent with the following: \_\_\_\_\_

Please list any members of LACA to whom you are related and define the familial relationship (sister, husband, cousin, etc.) \_\_\_\_\_

I certify that this is a true and complete disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## LACA Committees

Our Association is only as strong as the involvement of the members. Each Primary member is encouraged to serve on at least one committee. **From the following list of committees please choose three committees in your order of preference (ex. 1, 2, 3) that you are willing to serve on.** Based on your responses, you may be chosen to serve on one of the following committees unless you have indicated a willingness to serve on more than one and you are appointed.

\_\_\_\_\_ **Finance:** Meets after the completion of the regular February membership meeting. This committee assists the Board with the budget, audit, and preparation or arrangement of required IRS forms. Proposed budget will be published in the March newsletter and which the membership will vote on at the March meeting.

\_\_\_\_\_ **Scholarship:** Meets prior to the start of the regular May meeting to review award applications and make recommendations as to how the allotted scholarship and awards money should be distributed.

\_\_\_\_\_ **Outreach:** Meets regularly throughout the year to coordinate and improve the Associations public and community outreach, publicity, advertising, and membership growth.

\_\_\_\_\_ **Education & Training:** Meets regularly throughout the year to coordinate education opportunities and programs for the members and guests. Also responsible for preparing, updating and presenting annual training program for members participating in the Annual Christmas Show and Sale.

\_\_\_\_\_ **Nominations:** No meetings. Committee calls all members about their intentions of running for office on the executive board. Committee presents their slate of officer nominations at the August meeting which are posted in the September newsletter. Nominations may be taken from the floor in September and members vote on all nominations at the October meeting.

\_\_\_\_\_ **Community Sunshine:** This committee is responsible for mailing cards and/or flowers to members experiencing illness, death, or other problems in their families. You also coordinate any community service projects the group votes to undertake.

**Please check here if willing to serve on more than one committee; prioritize your choices.**

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Date \_\_\_\_\_ Rec'd by \_\_\_\_\_ Committee/s Assigned \_\_\_\_\_

- Check here if assigned as Committee Chairperson
- Committee Chairperson received copy
- Entered into Master Committee List