



# SCALA MEMBERSHIP 2024-2025

Suffolk County Art Leaders Association

## INDIVIDUAL MEMBERSHIP

Name \_\_\_\_\_ School District \_\_\_\_\_

### MEMBER INFORMATION:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ Alternative # ( ) \_\_\_\_\_

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

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

### SCHOOL INFORMATION:

District Name \_\_\_\_\_

Your Building \_\_\_\_\_

Building Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (with extension) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY:

Elementary  Middle School  Junior High  High School  
 Administration / Supervisor (enter title below)

Area of Expertise: \_\_\_\_\_

*(Photography, Ceramics, etc.)*

Grade Level(s): \_\_\_\_\_

### MEMBERSHIP RATES:

**General Membership.....\$25.00**

**Retired/Unemployed Art Teacher .....\$20.00**

Make checks payable to **SCALA**

Mail this form with your check to:

**Suffolk County Art Leaders Association, Inc.**

**P.O. Box 1406**

**Selden, NY 11784**

*\*if an invoice is needed, please contact [vmalafronte@scalaart.org](mailto:vmalafronte@scalaart.org)*