**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12 Month Membership Period: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Task Description** | **Location** | **Performed by** | **Date[s] Performed** | **Time****[hr & ½ hr increments]** |
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**Thank You Thank You Thank You**

**Completed form is needed at time of Annual Renewal. \*\*\*This information is crucial for grants, recognition and program evaluation.**

**PLEASE SUBMIT TO: Springfield Art Association 700 North 4th Street, Springfield, IL 62702
 or director@springfieldart.org**