



MEMBERSHIP APPLICATION
DALLAS ART DEALERS ASSOCIATION

Date
Name of Organization
Name of Owner/Director
Contact Name
Address
Phone
Fax
Email
Website:
Year Founded
Focus/Mission Statement
No. of exhibitions per year
No. of artists represented
Days and Hours open to the public
Why would you like to be a member of DADA?
Please attach copies of invitations, catalogues, announcements of recent exhibitions
Mail to: DADA – P.O. Box 192314 Dallas, TX 75219
THANK YOU!