



FLORIDA CHALK ARTISTS ASSOCIATION

APPLICATION FOR PROFESSIONAL DESIGNATION

Applicant Name: _____

Address: _____

City, State, ZIP _____

Telephone Number _____ Email Address: _____

Member of FCAA since: _____ Current member for _____ years.

As a participating member of the Florida Chalk Artists Association, I apply for the professional designation:

() Semplice Apprentice

() Qualificato Qualified

() Maestro Master

() I have attached a log and documentation of my involvement in chalk art/street painting events and activities.

() I have provided a separate folder/binder with supporting evidence of my chalk art/street painting activities.

References: (Participating street painters who can verify or attest to my documentation.)

I certify that my application is accurate and that the supporting documentation and attachments represent my street painting involvement and activities.

My application fee of \$10 is attached. Make check payable to: FCAA

Dated: _____ Signed _____