

DIA MEMBERSHIP BIOGRAPHY



Dominican Institute for the Arts

Please print-

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Ministry) _____

Email: _____

Website: _____

Congregation/Province: _____

Your discipline area(s), training:

List published works/shows/permanent works:

If you have them, please attach a small photo of yourself along with samples/examples/reprints of your work.

Please use back of this page for additional information.

Mail form to: DIA Membership c/o Carol O'Connor OPA,
St. Mary of the Springs • 2320 Airport Dr. • Columbus, OH 43219