



**MEMBERSHIP APPLICATION**

**General Members**

- Individual, \$36**
- Family, \$48** (2 adults + children)
- Sponsor, \$100**
- Patron, \$200**
- Advocate, \$500**
- Benefactor, \$1000 & above**

**Artist Members**

- Individual Artist \$48** (work in the gallery)
- Individual Artist \$36** (no work in the gallery, does receive discounts on art events when offered)

(Please PRINT and fill in completely!)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

\* Email \_\_\_\_\_ \*Artists exhibiting at Guild must have an email address listed for contact in case of emergency.

I would like to contribute to the Historic Preservation Fund in the amount of: \$ \_\_\_\_\_

I am interested in volunteering: YES, please contact me \_\_\_\_\_ NO, not at this time \_\_\_\_\_

**TOTAL Amount Enclosed \$ \_\_\_\_\_**

Payment options Check Enclosed payable to: CCAG       DISC  
 MC                       Visa                       AMEX

Account No. \_\_\_\_\_ Amount \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ CVV # \_\_\_\_\_

**FOR OFFICE USE ONLY: (Rev. Nov -2017)**

	Date	Initials	Amount
Payment Received:	_____	_____	_____
Entered In Database:	_____	_____	
Thank You Letter Sent:	_____	_____	