



Artists Guild of Statesville Membership Form

PLEASE COMPLETE FORM IN PRINT

Annual Dues: \$30.00

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ Website _____

_____ I am a practicing artist (not required;) my medium(s) is/are:

_____ Please contact me with information about inclusion on your Website.

_____ I would be interested in helping with Guild activities

_____ I would be interested in presenting an arts program; subject _____

Please mail completed form and check to: **MEMBERSHIP**
Artists Guild of Statesville
PO Box 784
Statesville, NC 28687

