

Please print this application, fill it out and mail it with membership dues to the address below or fill out the website application and then email to us and pay fees with PayPal online. www.csartguild.org

Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work or Cell: _____

Text Message Number: (optional) _____

Email Address: _____

Type of Membership: Family \$ 45. Indiv. \$ 25. Student \$ 15. Friend /patron \$ 20. Other

Media: _____

Birthday (month, day) _____

Please attach a resume' or biography if available. Fill out a volunteer form at a meeting/website.

ADDITIONAL INFORMATION

(if you do not specify, your info will be published on our members list, our list is available only to other members)

Yes, this info is okay to share with other members

All items not marked below will be shared on our members list

address (do not share)

phone (do not share)

email address (do not share)

Yes, It is acceptable to use email as our primary form of contact for you.

No, It is not acceptable to use email as our primary form of contact for you.

The Colorado Springs Art Guild is a non-profit organization dedicated to the advancement of fine art through ongoing education and recognition of artists of all ages.

E-mail the filled or scanned or photographed form to: membersupport@csartguild.org
or snail mail form to: Colorado Springs Art Guild, P. O. Box 1304, Co Springs, CO 80901