

# Treasure Island Art Guild Membership Application

Please print clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applications received September through December will be valid through December 31st of the following year. Annual Dues for subsequent years are due January 1st.

\_\_\_\_\_ \$50 Annual Membership

\_\_\_\_\_ \$75 Family Annual Membership (Couple)

\_\_\_\_\_ \$30 Student Membership

\_\_\_\_\_ \$20 Patron Membership (non-artist)

I enclose the membership fee and request that you enroll me/us as a member of this Art Guild.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail this application with check payable to the Treasure Island Art Guild

Mailing Address  
Treasure Island Art Guild, Inc.  
PO Box 47001  
St. Petersburg, FL 33743-0001