

Lacombe Art Guild Application for Membership

Please Print

First Name: _____ Last Name: _____ Date: ___/___/___

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Personal Website: _____

Would you teach a LAG class/workshop? Yes No

Would you conduct a demonstration at a LAG meeting? Yes No

Topic: _____ Topic: _____

Note: Workshop fees not to exceed \$35/members - \$45/non-members.

Show fees waived for one calendar year.

LAG determines location.

Note: Demonstrations are offered free-of-charge at a monthly meeting.

ANNUAL DUES

Note: Pay annual dues by January 31st in order to receive ALL membership benefits. Membership year ends December 31st for all members.

Individual Membership \$30

Two Adults at same address \$50. List name of other adult and attach his/her completed membership form.

PATRON \$100/yr.

CORPORATE EVENT SPONSOR \$250/per event

GOLD PATRON \$250/yr.

GOLD CORPORATE EVENT SPONSOR \$500/per event

Are you a New Member Returning Member

Art thrives when we work together. LAG is a volunteer art organization, with excellent opportunities for volunteers to help support the work of our organization.

Please let us know how you might be able to help by responding below:

Membership Committee Publicity Committee Hospitality Committee

Artist of the Month Spring Show Committee Fall Show Committee

DO NOT WRITE BELOW THIS LINE

Dues Paid ___/___/___ Check No.: _____ Amt.: _____ Cash: _____

Received by: _____