



# MEMBERSHIP FORM

Please Print

<input type="checkbox"/> New Member <input type="checkbox"/> Returning Member		Date	
First Name		Last Name	
Mailing Address		Cell Phone	
City, State, Zip Code		Email	
Second Person at Same Address (if applicable) <input type="checkbox"/> New Member <input type="checkbox"/> Returning Member Name / Cell Phone / Email			
Would you conduct a demonstration at a LAG meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No Topic:			
Would you teach a LAG class or workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No Topic:			
Could you help Lacombe Art Guild thrive by helping with one of the following committees:  <input type="checkbox"/> Art Sales & Shows <input type="checkbox"/> Community Outreach <input type="checkbox"/> Education <input type="checkbox"/> Hospitality <input type="checkbox"/> Marketing <input type="checkbox"/> Membership & Merchandise			
<b>ANNUAL DUES - PLEASE CHECK ALL THAT YOU ARE PAYING FOR AT THIS TIME</b> Dues are due by January 31st to receive ALL member benefits. Membership year ends December 31 for all members  <input type="checkbox"/> Individual Membership Dues - \$30 (\$20 after 9/30) <input type="checkbox"/> Show Entry Fee <input type="checkbox"/> Two Adults at the same address - \$50 (\$35 after 9/30) <input type="checkbox"/> Other _____			
Additional Financial Support Opportunities for Lacombe Art Guild:  <input type="checkbox"/> Patron - \$100 / year <input type="checkbox"/> Corporate Event Sponsor - \$250 / event <input type="checkbox"/> Gold Patron - \$250 / year <input type="checkbox"/> Gold Corporate Event Sponsor - \$500 / event			
To be completed by Lacombe Art Guild:  Date Dues Paid: ____/____/____    Check Number: _____ / Cash    Total Paid \$ _____  Received by: _____			

Rev. 3/27/2025

You may mail this form with your payment to Lacombe Art Guild PO Box 1033 Lacombe, LA 70445