

Hopkinsville Art Guild Membership Form
Fiscal Year - July 1st through June 30th

Name: _____

Address: _____

Phone Home: _____ Work: _____ Cell: _____

Email address: _____

Membership type: (check one) Individual or Family (\$50), Student (\$15)

Please make check payable to **Hopkinsville Art Guild**

Mail Guild membership form and check to:
Hopkinsville Art Guild, PO Box 495, Hopkinsville, KY 42241

Membership Interest Survey

Please let us know what you might enjoy

- ___ Military Appreciation Activities
- ___ Adult/Youth Leadership Hopkinsville Painting Activity
- ___ May Member Exhibition at HCC planning committee
- ___ High School and Elementary Art student experiences, Scholarships
- ___ Art Exhibitions in community: rotating on a quarterly basis
 - Jennie Stuart Medical Center, Chamber of Commerce, Municipal Center
 - Pennyroyal Area Museum, The Mixer
- ___ Attend Art workshops (We offer 9)
- ___ Special Olympics Fun Saturday art activities helper
- ___ Help with Business and Civic Club luncheons
- ___ Assist or Attend free "*Crafting After Hours*" programs
- ___ Assist with free "*Midday with the Art Guild*" Luncheons, 2nd Wed. of Month
- ___ Selling your art on the Guild website

Other (please list) _____

Do you know someone that might lead a workshop? Please list contact information here:
