Hopkinsville Art Guild Membership Form

Fiscal Year – Begins July 1st, Ends June 30th **Date Paid _____**

Name: _____

Address: _____ City_____ State____Zip _____

Phone Home: _____ Work: _____ Cell: _____

Email address: _____

Membership type: (check one) ☐ Individual $60 ☐ Family $60 ☐ Student $15

**Credit Card Payment available on Guild website for an additional $2.00 per membership

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

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

Membership Interest Survey

Please let us know how you want to be involved

_____Military Appreciation Activities
_____Adult/Youth Leadership Hopkinsville Painting Activity
_____Spring Member Exhibition and Contest at HCC
_____High School and Elementary Art student experiences
_____Art Exhibitions in community: rotating on a quarterly basis
Jennie Stuart Medical Center, Chamber of Commerce,
Pennyroyal Area Museum, The Mixer
_____Attend Art Skills development workshops (9 offered, usually on Saturday mornings)
_____Assist with Special Olympics and Wonderfully Made Workshop
_____Assist with or attend free ***"Crafting after Hours"*** programs
_____Assist with free ***"Midday with the Art Guild"*** Luncheons, food, flowers, etc.
_____ Sell your art on the Guild website
_____ Sell your arts & crafts at our Christmas Bazaar and Art Loop
_____ Help with Social Media and publicity
_____ Scholarship and Grant Review committee member
_____ Hospitality greeter for events

Other areas you would like to participate:_____

What topics would you like to learn about in our *Workshops* or *Crafting after Hours*.

Would you, or do you know someone, that would like to lead one of these workshops?

Name, contact information, topic covered: