

## ARLINGTON HEIGHTS ART GUILD MEMBERSHIP

Name (please print) \_\_\_\_\_

Renewal Member \_\_\_\_\_ New Member \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ (newsletters/announcements)

Request for **mailed** newsletters \_\_\_\_\_

Your art medium(s) \_\_\_\_\_

Interest in exhibiting your work Yes \_\_\_\_\_ No \_\_\_\_\_

Interest in day trips to museums, galleries, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Membership fee: \$20 individual \_\_\_\_\_ \$25 couple \_\_\_\_\_ Ck. # \_\_\_\_\_ Cash \_\_\_\_\_  
Checks payable to Arlington Heights Art Guild

Waiver: For meetings, workshops, field trips and exhibited artwork, (normal precautions shall be taken to secure exhibited artwork), the artist hereby waives any claim upon the Arlington Heights Art Guild for damages or loss.

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

### Volunteer Involvement

\_\_\_\_\_ Art Fair assistance (set up, take down, marking spaces, info table, registration, etc.)

\_\_\_\_\_ Scholarships: judging student artwork (commitment of one afternoon in March)

\_\_\_\_\_ Workshop development

\_\_\_\_\_ Field trip planning

\_\_\_\_\_ Facebook updates/monitoring

\_\_\_\_\_ Webpage updates/monitoring

\_\_\_\_\_ Nominating Committee

\_\_\_\_\_ General assistance as needed

**Checks are payable to Arlington Heights Art Guild. Mail to Arlington Heights Art Guild, Attn: Patti Jostes, Membership, P.O. Box 621, Arlington Hts., IL 60006**