



ARLINGTON HEIGHTS ART GUILD MEMBERSHIP

Fiscal Year June 1, 2024 -- May 31, 2025

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Art Medium: \_\_\_\_\_

Membership fee: \$25 individual / \$30 couple Cash \_\_\_\_\_ Check # \_\_\_\_\_

Make checks payable to Arlington Hts. 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 Please! \*Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

Mail this form with check to:

Patti Jostes, Membership  
Arlington Hts. Art Guild  
P.O. BOX 621  
Arlington Hts., IL 60006