



ARLINGTON HEIGHTS ART GUILD MEMBERSHIP

Fiscal Year June 1, 2025 -- May 31, 2026

Name (please print): _____

Address: _____

Email: _____

Phone: _____ Primary Art Medium: _____

Membership fee - \$25 individual / \$30 couple: Cash _____ Check # _____ Zelle _____

Make checks payable to Arlington Hts. Art Guild. Zelle payments to Art Guild -
ahartguild@gmail.com.

*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: _____

Pay in person at a meeting, pay via Zelle and email form to patti.jostes@gmail.com, or mail this form with check to:

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