Membership Application



Matthews Artists Guild

|  |  |
| --- | --- |
| Name:   | Date:  |
| Email: |
| Phone Number: |
| Address:  |
| City:  | State:   | Zip:   |
| I work in the following mediums:  |
| How did you hear about MAG?  |

Dues: $25 per calendar year

Make checks payable to **Matthews Artists Guild**

Mail to:

**Matthews Artist Guild**

**C/O Matthews Community Center**

**100 E. McDowell Street**

**Matthews NC 28105**