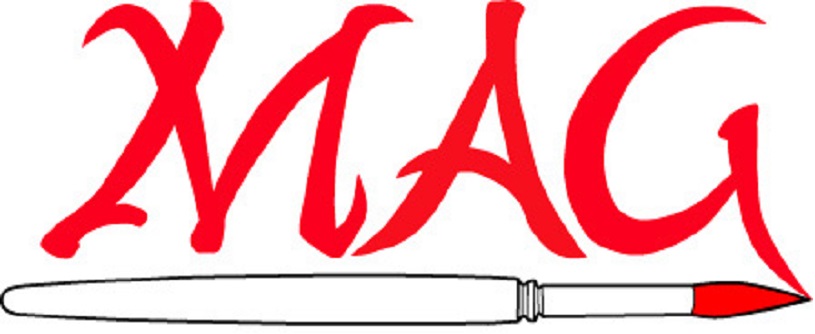
Membership Application



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**