

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 Artists Guild
C/O Matthews Community Center
100 East McDowell Street
Matthews NC 28105