

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