

Greater
CASTLE ROCK
Art Guild

MEMBERSHIP APPLICATION

(Please PRINT all information clearly)

Name:

Address:

City:

State:

Zip:

Phone (Day / Evening / Cell):

Email:

Website:

Medium(s)

Use reverse side, if necessary, to answer the following questions completely

Desired outcome of membership in GCRAAG (e.g. Classes, Programs, Fellowship with Artists, Exhibit Opportunities, etc)

I would like to volunteer for: (Check one or more) Classes: ____ Program: ____

Refreshments: ____ Board Position: ____ Projects: ____ Exhibit Leadership: ____

Other Comments (e.g. Your artistic history):

Signature: _____

Date: _____

Membership Questions Contact: Tammy DeBakey (email: debconinc@msn.com)

Mail check for \$35 (Family) - \$25 (Individual) - \$20 (Senior) - \$15 (Student) with completed application to:

Tammy DeBakey

PO Box 367

Sedalia, CO. 80135