



Membership Application - 2019/2020

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____

Email: _____ Preferred Method of Contact: _____

Medium: _____ Website: _____

Annual Membership Dues:

Individual Artist: \$35 Family: \$50 Additional Contribution Welcome! \$ _____

Volunteer Opportunities:

In order to thrive, and to provide the creative communal experiences we'd all like to have, we need an engaged, involved membership. In addition to a love of art, we all have gifts to share. Which of the following areas best describes your talents and interests? Please feel free to check more than one!

- Publicity (e.g., advertising, social media, website)
- Coordinating with AAG Partners (e.g., Rolling Ridge, town personnel)
- Special Events (e.g., Art in the Park, special exhibits, plein air gatherings)
- Administration Newsletter Membership
- Finance Scholarships Programs
- Exec Board Teaching Fundraising
- General Help
- Other _____

Mail your completed form, with check payable to Andovers Artists Guild, to:

Andovers Artists Guild, P. O. Box 254, Andover, MA 01810