



MEMBERSHIP APPLICATION FOR TEMPE ARTISTS GUILD

Fiscal year March 1 to February 28(29)
Minimum age: 18 Years

Date: _____

Please check one: New Renewal

Donation: \$30 annually, beginning March 1/if joining after Sept 1 - \$15

**Please print and complete all areas that apply.
If renewing, please update your information if changed.**

Name: _____

Phone: (_____) _____ - _____

Address: _____

City: _____

E-mail: _____

Art Media Used: _____

Art Experience: _____

How did you learn about the Tempe Artists Guild? _____

Please indicate how you would be willing to help the Guild: (Not a requirement for membership.)

- | | |
|---|--|
| <input type="checkbox"/> Assist with shows | <input type="checkbox"/> Sell advertising space |
| <input type="checkbox"/> Assist with exhibitions | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Hang and take down shows | <input type="checkbox"/> Plan workshops |
| <input type="checkbox"/> Work on a committee | <input type="checkbox"/> Teach a workshop |
| <input type="checkbox"/> Help with membership | <input type="checkbox"/> Demonstrate at meetings |
| <input type="checkbox"/> Scholarship Committee | <input type="checkbox"/> Newsletter circulation |
| <input type="checkbox"/> Accept a Board position | <input type="checkbox"/> Telephone committee |
| <input type="checkbox"/> Other: | |

Your tax-deductible donations are gladly accepted to support the programs and activities of TAG. Receipt available upon request:

Donor Levels

- | | |
|---|--|
| <input type="checkbox"/> \$50.00 Bronze | <input type="checkbox"/> \$100.00 Silver |
| <input type="checkbox"/> \$200.00 Gold | <input type="checkbox"/> \$500.00 Platinum |
| <input type="checkbox"/> \$_____ Other | |

Total Amount Enclosed:

\$ _____

Please make your check payable to Tempe Artists Guild. You may bring your completed application to a meeting, or mail with payment to:

Tempe Artists Guild
P.O. Box 27941
Tempe, AZ 85285-7941