



Membership Application for the Year 2010-2011

Instructions:

Please fill in the following information completely.

Mail to the address at the bottom of the form along with your dues.

The following information with* is required for membership.

*Name: _____ Last Name _____

*Address: _____

*Phone: _____ *E-mail _____

*Website (If available) _____

Check below type of membership:

Life	\$ 300	Patron	\$35		
Family	\$ 35	Artist	\$30	Student	\$10

Please in the space below tell us about yourself and your preferred medium. Our preferred method of communication is via e-mail but we will be happy to add your name to the snail mail list if you so desire. Please let us know. Upon receipt of your application your information will be added to the Andovers Artists Guild website along with some images of your work. We look forward to have you be part of our group.

About yourself: _____

Make checks payable to the *Andovers Artists Guild, Inc.* and mail to:

Andovers Artists Guild, Inc.

Membership

P.O Box 254, Andover, MA 01810