



MEMBERSHIP FORM

NAME: _____

HOME PHONE: _____ **CELL:** _____

ADDRESS: _____

_____ **ZIP:** _____

EMAIL: _____

WEBSITE: _____

I wish to become or renew membership in the Alaska Artists Guild and be on your mailing list for activities and shows.

Signature: _____

DUES: \$20.00 for Associate or \$25.00 for Full Juried in Member

Enclose Dues ck# _____ or cash _____