

# *Cheektowaga Art Guild* *Membership Application*

[www.Cheektowagaartguild.Com](http://www.Cheektowagaartguild.Com)

Return completed application and membership fee to *Membership Chair* or mail to:

Cheektowaga Art Guild  
POBox 1115  
Cheektowaga, NY 14225

Membership Dues in the amount of \$ 15.00 paid in cash, or check.

Dues paid \_\_\_\_\_ (Date)

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check which duties you would be willing to take charge of or assist with:

- |  |  |
|--|--|
| <input type="checkbox"/> Membership / sunshine | <input type="checkbox"/> Refreshments        |
| <input type="checkbox"/> Exhibitions           | <input type="checkbox"/> Historian           |
| <input type="checkbox"/> Programs              | <input type="checkbox"/> Telephone Tree      |
| <input type="checkbox"/> Publicity             | <input type="checkbox"/> Hospitality         |
| <input type="checkbox"/> Ways & Means          | <input type="checkbox"/> Registering Artists |
| <input type="checkbox"/> Handing Works         | <input type="checkbox"/> Accepting Works     |
| <input type="checkbox"/> Typing                | <input type="checkbox"/> All Around Helper   |

What type of medium do you use?

Oil,  Water Color,  Acrylic,  Mixed Media,  Craft \_\_\_\_\_

Are you qualified and willing to demonstrate for our group?  Yes  No

Are you willing to accept an officer position if nominated?  Yes  No

Signature: \_\_\_\_\_

Official Use Only
Date Received:
Received By: