

Colorado Artists Guild Membership Form

Please return this form to: Colorado Artists Guild - P.O. Box 100292 - Denver, CO 80250-0292

Fax:303-290-0916

Name:

Date:

Street Address:

City:

State:

Zip Code

Home Phone #

Studio or Other Phone #

E-mail Address

Main art medium in which you work: _____

Art education: _____

Brief exhibition history: _____

Awards and special recognition: _____

Art teaching experience: _____

Gallery representation: _____

Other art organizations of which you are a member: _____

Are you presently an art student? Yes _____ No _____ Where? _____ Are you over age 18? _____

Offices or committees on which you serve in other art groups: _____

Note: The Guild's activities and operations are all made possible thanks to the assistance of each member.
Please help us by checking one or more of the following that best matches your skills and interests:

___ Officer Position

___ Publicity Committee

___ Hospitality Committee

___ Exhibits Show Help or Chair

___ Reception Help or Chair

___ Guild Photographer

___ Interest in Programs

___ Graphics

___ Newsletter Assistance

___ Membership Committee

___ Typing Roster

___ Show Entry Receiver

___ Recording Secretary

___ Art Installation (Shows)

___ Other _____

Please attach the appropriate dues amount shown below payable to Colorado Artists Guild and return this form and check to address shown at top of page. Thank you.

Dues: All dues are good until December 31, 2010.

Active Member: \$35

Associate Member: \$20

Sustaining Member: \$10 or more