

Membership Application Form

Northeastern CT Art Guild

PO Box 405

Woodstock, CT 06281

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Willingness to help in the area of: _____

Please Select:

- Individual: \$30 yearly
- Family: \$40 yearly
- Corporate Sponsor: \$50 yearly

Dated: _____

PLEASE REMIT TO: Northeastern CT Art Guild, P.O. Box 405, Woodstock, CT 06281