

Artisans' Guild
of
Wellton-Mohawk Fine Arts

Membership Application

Dues may be changed without notice

Annual membership \$30: \$_____

Donation: \$_____

You may renew your membership by mail or at the monthly general meeting. Make checks payable to "WMFA" and if mailed send to:

Superintendent
WMFA&HA Artisans' Guild
PO Box 1169, Wellton, AZ 85356

Name_____

Local Address_____

City_____ State_____ Zip_____

Alternate Address_____

City_____ State_____ Zip_____

Email_____

Phone_____

Amount enclosed \$_____

A Consent and Release Agreement is required to attend workshops and classes and is good during your membership.

Are you willing to give art demonstrations, workshops or classes?

Yes No Maybe

The type of class_____

Are you willing to do volunteer work?

Yes No Maybe

If 'Yes', what is your preference?

Gallery/Art Shows

Attendant Picture Hanging Reception

Monthly membership meeting:

Meeting Host Refreshments

Special events:

Special event organizer

Other:_____

I am interested in becoming a board or committee member for the following positions:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> ART SHOWS | <input type="checkbox"/> SECRETARY |
| <input type="checkbox"/> BOARD MEMBER | <input type="checkbox"/> SUPERINTENDENT |
| <input type="checkbox"/> FACEBOOK | <input type="checkbox"/> TREASURER |
| <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> GALLERIES | <input type="checkbox"/> VOLUNTEERING |
| <input type="checkbox"/> JUDGING | <input type="checkbox"/> WEBSITE |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> WORKSHOPS |
| <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> |
| <input type="checkbox"/> PUBLICITY | <input type="checkbox"/> |

Other:_____

Welcome
to the

Artisans' Guild
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