DOUGLAS COUNTY ART GUILD
MEMBERSHIP FORM

Name: _____

Address: _____

_____

Cell Phone: _____ Birthday: (Month/Day): _____

Email address(es): _____

_____

website: _____

Are you on: ☐ Instagram ☐ Facebook ☐Other: _____

Membership Information: Yearly dues are: ☐ Single $20 ☐ $30 family (same household)

Family membership names: _____

Type of work you are interested in: _____

_____

_____

Send completed form and check payable to Douglas County Art Guild to:

Carol Collins, Treasurer
Douglas County Art Guild
PO Box 2018
Douglasville, GA 30133

☐ New
☐ Renewal