

CENTRAL KENTUCKY ART GUILD, INC.

Member Information/Application Form

_____ Regular Membership Dues \$30 _____ Patron \$50 (Minimum)
 _____ Associate \$10

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (home) _____ (cell) _____ e-mail _____

Medium or media in which you work _____

Please describe your degree of involvement in the fine arts, art training, and biographical information, which you would like to share:

What is your primary objective in joining CKAG? _____

Make check payable to Central Kentucky Art Guild and mail with form to:

Central Kentucky Art Guild, Attention: Juanita McCoy

790 North Dixie Suite 800, Elizabethtown, KY 42701