

Jacksonville Artists Guild, Inc.

Membership Application Form

Member Name (First, Middle, Last) _____
E-mail address _____ Phone _____
Street Address _____
City _____ State _____ Zip Code _____
Artist Medium(s) _____
School Name (for students) _____
Company Name (for business members) _____
Website Address for link to JAG website _____

Membership Levels

| | | |
|-----------------------|------|-------|
| Student | \$20 | _____ |
| Artist / Member | 30 | _____ |
| Family (same address) | 45 | _____ |
| Business | 100 | _____ |
| Website Link | 10 | _____ |

Donations

| | | |
|--------------|-------|-------|
| Monet | 250 | _____ |
| Picasso | 500 | _____ |
| Michelangelo | 1,000 | _____ |
| Other | | _____ |

Membership Amount _____
Donation _____
Website Link _____

Total Enclosed: \$

Cash or Check Number: _____

Today's Date: _____

Please make checks payable to

Jacksonville Artists Guild

Mail this form and your check to:

**Jacksonville Artists Guild
4495-304 Roosevelt Blvd, #273
Jacksonville, FL 32210**

The Membership year is
January to December.

Dues are payable
January 1st of each year.

***Join today!
Start enjoying your membership!***

Membership Benefits

- Monthly Meetings (Oct-May)
- Juried Shows
- Artist Demonstrations
- Workshops
- Community Outreach
- Publicity for your Art or Business
- Communication with other Artists
- Linked Website for \$10/year
- Arts Education
- Monthly E-mail Newsletter