



Broward Art Guild Membership Application

Member Information:

Name _____

Company (If applicable) _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Eve) _____

E-mail _____

Member Status: New Renewing

If "New" and you were referred by an existing member, Please provide their name here:

Membership Type:

Individual Membership - \$60 /year

Family Membership (2 persons, same address) - \$75/year

Student Membership (Full-time with copy of ID) - \$20/year

Patron - \$100/year

I am an artist. My primary medium is: _____

I am not an artist.

I would like to be listed in a Member Directory Yes No

I am interested in volunteering:

In The Office At Exhibitions & Events On Projects As Needed I am not interested in volunteering.

Please list any skills you have that you would be willing to share with us:

Payment Options:

Please send check or money order made payable to Broward Art Guild to:

Broward Art Guild, 3280 NE 32nd Street, Fort Lauderdale, FL 33308

Or fill out credit card information below. (also available online at www.BrowardArtGuild.org via PayPal)

Card Type: VISA MasterCard

Signature: _____ Exp: _____