Membership Application

Name:_____ **Date:** _____

E-Mail:_____**Phone:**_____

Mailing Address: _____

_____

Website URL: _____

Social Media: ☐ Facebook ☐ Instagram ☐ TikTok

Art Interests _____

_____

NOTE: The above information will appear in the Art Guild list of members. This information is exclusive to our members' directory and is not accessible to the general public. If you wish that any part(s) of your contact information appear in the directory, please indicate below which items should be ***included***. Contact information is used to provide members with communications regarding Art Guild activities such as meeting agendas, important notices about upcoming events, the monthly newsletter, etc.

☐ Phone Number ☐ Email Address ☐ Street Address

☐ Website ☐ Social Media

How did you hear about the Art Guild? _____

_____

Save the completed form to your desktop, print, and mail along with your check to:

Please mail the membership application and a check for $40 to:
Attn: Membership
Broomfield Art Guild
PO Box 621
Broomfield, CO 80038