

Guild of Harwich Artists, Inc.

Member Application 2019
guildofharwichartists.org

Name _____
Mailing _____
Address _____

Annual Dues:
New:
Renewal:

Preferred Phone _____
 Cell
 Home

Artist (\$30) _____
Supporting Associate
Member (\$20) _____

Email _____

Winter Address _____

*I would like to make an additional
donation to the Guild. \$* _____

Winter Dates:
From: _____ To: _____

Which would you like to participate in? (Check all that apply)

- Executive Officers Board Members Bank Shows
Art in Park Gallery Other

Make checks payable to: **Guild of Harwich Artists, Inc.** Mail application and payment to: Guild of Harwich Artist, Inc.
Keep this portion as your receipt: P.O. Box 382
Check #: _____ Date: _____ Harwich Port, MA 02646

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