



www.linncountyartsguild.org

Office Use Only: Member # _____		
Revd: _____	Entered: _____	
Initials: _____		

2011 LCAG Membership Application/Renewal Form

Member Information

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Cell: _____ Email: _____
 Application Date: _____ Amount Paid: _____

Membership Category (Choose one):

- Individual \$20
- Student..... \$10
- Family (complete pg 2).... \$30 (Spouse/partner
- Friend of LCAG \$20
- Senior, 65 –79. \$10
- Senior, over 80..... No Charge

Membership Status (Choose one)

- New Membership
- Renewing Membership
- Youth # ____, add \$5.00 ea add. After 2 youth)

Share my info with other members?

- Yes, share my personal info
- No, do NOT share my personal info

Studio Information

Studio Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Email: _____
 Open to public: Yes No By appt Only Hours: _____

Member Page (choose one):

- I would like a personal page on the LCAG site
- Link to my own web page: _____

My artistic interests are:

- I am an artist, and my medium is _____
- I am an educator
- I support the arts
- I am a student
- Other _____

I am interested in helping with:

- Publicity
- Events
- Exhibitions
- Volunteer Coordinator
- I'm including an additional donation of \$ _____
- Membership
- Grant Writing
- Newsletter
- Other
- Arts Education
- Hospitality
- Public Art

LCAG is a federal non-profit organization described in Section 501(c)(3) of the Internal Revenue Code.

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Family Information

Partners Name: _____
Phone: _____ Email: _____
Mbr# _____

Partners' artistic interests are:

- I am an artist, and my medium is _____
- I am an educator I am a student
- I support the arts Other _____

Partner interested in helping with:

- Publicity Membership Arts Education
- Events Grant Writing Hospitality
- Exhibitions Newsletter Public Art
- Volunteer Coordinator Other _____

Youth Information

Name: _____ **DOB:** _____ **Grade:** _____
School: _____ **Email:** _____
 I am an artist, and my medium is _____ Mbr# _____
Name: _____ **DOB:** _____ **Grade:** _____
School: _____ **Email:** _____
 I am an artist, and my medium is _____ Mbr# _____
Name: _____ **DOB:** _____ **Grade:** _____
School: _____ **Email:** _____
 I am an artist, and my medium is _____ Mbr# _____

Send application and check to:

Linn County Arts Guild
P.O. Box #1
Lebanon, Or 97355

Phone 541- 497-0386
Information e-mail lcag@linncountyartsguild.org