



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

lcag@linncountyartsguild.org | www.linncountyartsguild.org

2010 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... 14 to 18 \$10
- Family (complete pg 2).... \$30 (Spouse/partner
- Friend of LCAG \$20
- Senior, 65 –79. \$10
- Senior, 80 and over.. 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 am a student
- I support the arts Other _____

I am interested in helping with:

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

LCAG is a federally pending 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, Oregon 97355