

A DDI ICATION INFORMATION.

## **Three Rivers Artists Guild**

PO Box 232 Three Rivers, MI 49093 https://3RivArt.org OFFICE USE ONLY:
Date:
Check #:
Amount:

## MEMBERSHIP APPLICATION

Who can join? Anyone who wants to help promote local fine arts. There are two (2) membership categories:

- Artist Member For artists who wish to support the mission of the Guild through their participation in the activities and governance of the Guild.
  - Only Artist Members may show and sell their work at Three Rivers Artists Guild events.
- Friend of the Guild For anyone from any community, artists or non-artists, who wish to support the Guild mission of supporting local arts and artists; not eligible to exhibit at Three Rivers Artists Guild events.

Name:	ne:	
Address:	City:	State:Zip Code:
Home Phone:Studio Phone:		
E-Mail:	Website:	
Applying as:		
	\$25 (annual fee, include with a drunning of the Guild, must be juried in, may	
	ild \$25 (annual fee, include w uild, no participation requirements, may not ex	
- U	nd the list of work unacceptable for juryir	al for 'Friend of the Guild' memberships) ng on the Guild website (click the 'Join' tab )
Painting/Drawing Mi	xed Media Printmaking Photograp	ohy Glass Metalwork Fiber Arts _
Digital Art Pottons	_ Jewelry Sculpture Woodwo	rking
Digital Art Fottery _		

## MEMBERSHIP INFORMATION

Membership Year: The Guild membership year is from October to the following October. Memberships begin on the date the application is received; all memberships expire on October 31st. Renewal of memberships is due by the date of the Annual Meeting in October.

**Payment Policy**: The annual Membership fee is \$25 for all levels of membership. New membership applications that are received on or after October 1 of each year will expire on October 31 of the following year. Membership fees are non-refundable. Make check or money order payable to The Three Rivers Artists Guild and include with this application..

## PLEASE READ AND SIGN BELOW

I understand that the benefits offered are at the sole discretion of The Guild and may vary by levels of membership. The Guild reserves the right to add, change or cancel benefits without notice. I understand that my annual membership will expire on October 31 of each year and I will lose my membership benefits if I fail to respond to renewal notices. I understand that it is my responsibility to notify The Guild of any seasonal or permanent address changes.

Signature:	Date:
organizates	Date: