

## Application for Membership 2019

☐ New Artist Member	☐ Renewing Artist Member ☐ Donor Member		
NAME:		DATE:	
ADDRESS:			
			Check if new address
PHONE:	CELL:	EMAIL:	
PROFESSION:		artist members dia?:	
would like to be in	g a list of instructors to have notuded on the list, fill in when the list of the list, fill in when the list of t	nat area(s) you provide	instruction in:
participate in or	ne or more areas. Select	the one(s) you are	interested in:
$\hfill \Box$ Hospitality - plan and manage food including setup, cleanup, and stocking at MAG events		☐ Educational outreach - plan and work on projects in the community or local schools	
$\hfill \Box$ Events or shows - set up and take down shows or events		$\hfill \Box$ Docent - greet visitors at the Gallery, manage sales, clean-up	
☐ Secretarial - assist in creation and distribution of correspondence, mailings, and flyers		☐ Buildings and grounds - clean-up, leaf removal, painting, maintenance, etc.	
☐ PR - website or Facebook - provide articles, take pictures of exhibits, proofread, maintain calendar		☐ Workshops - assist in the management of registration, workshop operations (set-up, clean-up, greeters, sign-in, etc.)	
☐ Teaching an Artful Touch Workshop - Topic:		☐ Fundraising - Actively work to pursue revenue for MAG	
☐ MAG Board Member / Officer		☐ Other	
Membership Ca	tegories: 🗆 Individual Men	nbership \$35	
Select One	☐ Family Membership \$50   Please list names and email addresses:		
	☐ Donor Member	rship	
Single donation:	Ongoing Monthly Pledge of:		

Does your company have an employee or retiree matching gift contribution? If so, please contact your Human Resource Department to find out about dollar for dollar match on employee/retiree contribution.

Membership in the Milton Arts Guild runs from January 1 to December 31. Please make checks payable to: Milton Arts Guild and send to: 310 Walnut Street, Milton, DE 19968

Milton Arts Guild is a 501©(3) corporation. The MAG accepts checks, credit cards, and legacy gifts.