

Membership Application



Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-Mail: _____

Would you like to receive your newsletter by: Mail Only _____ E-mail Only _____

Media of Interest: _____

- Dues: (Check One)
- () Student Membership \$ 10
 - () Single Membership \$ 20
 - () Family Membership \$ 30
 - () Patron Membership \$ 50
 - () Supporter Membership \$100

Jacky Anderson Memorial Fund _____

Check #: _____ Year: _____

Recommendations or Suggestions for Demonstrators or Field Trips:

Make checks payable to: EAG (Effingham Art Guild)
Mail this form with payment (or present in person at a meeting) to:

Barbara Grant
16990 N Deer Creek Dr
Effingham IL 62401
815-762-9939