



CNY Art Guild, Inc.

PO Box 241

Liverpool, NY 13088-0241

www.CNYArtGuild.org

JUNIOR MEMBERSHIP FORM

Date _____

Junior Member Name _____

Junior Member Date of Birth _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Address _____

City, State Zip _____

Parent/Guardian Home Phone _____

Parent/Guardian Cell Phone (optional) _____

Email Address _____

In what medium(s) does the Junior Member work? _____

How did you hear about us? _____

The CNY Art Guild Year runs from September through June.

Membership Dues are \$25.

Make checks payable to CNY Art Guild.

Mail this form with your check to: CNY Art Guild, PO Box 241, Liverpool, NY 13088-0241

***Junior Membership applies to those individuals under the age of 18.
CNY Art Guild requires Junior Members to be accompanied by an adult
during all guild activities, including meetings and shows.***

Rev. 08-28-23

For Guild Use Only

Date Received _____ Received By _____ Amount Paid _____

Method of Payment: Cash Check Check # _____ Credit/Debit

Portfolio:

Date Received _____ Date Approved _____ Approved By _____