



CNY Art Guild, Inc.

PO Box 241

Liverpool, NY 13088-0241

www.CNYArtGuild.org

MEMBERSHIP FORM

Date _____

Name _____

Address _____

City, State Zip _____

Home Phone _____

Cell Phone (optional) _____

Email Address _____

Website, if applicable _____

Do we have your permission to share your email address with other guild members?

Yes No

(We value your privacy and will never share your personal information with other organizations, or individuals outside of the CNY Art Guild.)

In what medium(s) do you work? _____

Are there any services that you could offer to your fellow members?

How did you hear about us?

Rev. 8_06-25-21

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

For Guild Use Only

Date Received _____ Amount Paid: _____

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