



2017 Membership Application/Renewal

Membership year runs from January 1st to December 31st.

Join or renew online at www.brightonartguild.com/join-the-guild

Membership type (**check one**): New _____ Renewal _____

Member #1 Name: _____ Address: _____ City: _____ Zip: _____ Phone: _____ Alt. Phone: _____ **Email: _____ Website: _____ Facebook: _____ Artist's Medium(s): _____ Interest in Guild committees/activities: _____	Member #2 (Family & Patron level membership only; or Patron business contact person). Name: _____ Phone: _____ Alt. Phone: _____ **Email: _____ Website: _____ Facebook: _____ Artist's Medium(s): _____ Interest in Guild Committees/activities: _____
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**** Note:** Guild communications come from: brightonartguild@gmail.com

If your personal information changes it is your responsibility to notify the Guild via this email address.

Choose your membership level (check one): _____ Individual - \$40.00 (1 adult person) _____ Family Membership - \$70.00 (2 family members/partners at same address)	_____ Patron Membership - \$100.00 (2 family members/partners; or a single business listing). _____ Student - \$15.00 (ages 14-22)
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I understand that my information will be included in the Guild's directory and available to Guild members only; that I am opting to receive all Guild communications; and that the membership benefits offered are at the discretion of the Brighton Art Guild. The Guild reserves the right to add, change or cancel benefits without notice. I may opt out of electronic communications from the Guild at any time.

Signature: _____ Date: ____/____/____

Enclose check and mail to: Brighton Art Guild, P.O. Box 65, Brighton, MI 48116

If you are interested in sponsoring an event or making donations to the Brighton Art Guild, please contact: brightonartguild@gmail.com.

BAG Use Only: Date Pd: _____ Amt \$: _____ Ck #: _____

Last 4 digits of Credit Card: _____ Visa / MC / AMEX / Discover (circle one)

Credit Card charge authorization #: _____ Payment received by: _____