



**Cabarrus Art Guild**

## **CABARRUS ART GUILD**

c/o ClearWater Artist Studios  
223 Crowell Dr. NW  
Concord, NC 28025

### **Membership Enrollment**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** (\_\_\_\_\_) \_\_\_\_\_

### **Membership Fee**

Membership fee  
(Included with this form)

\$40.00 if paid before January 1<sup>st</sup>.  
\$20.00 if paid after December 31<sup>st</sup>.

### **Method of Payment:**

**CASH**

**CHECK** (Please make checks payable to: Cabarrus Art Guild)

### **Mail to:**

**Cabarrus Art Guild  
c/o ClearWater Artist Studios  
223 Crowell Dr. NW  
Concord, NC 28025**

Date Paid : \_\_\_\_\_ Amount: \_\_\_\_\_ Rec'd by \_\_\_\_\_