** CABARRUS ART GUILD**

c/o ClearWater Arts Center & Studio

223 Crowell Dr. NW

Concord, NC 28025

**Membership Enrollment**

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

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

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

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

**Membership Fee**

$40.00 if paid before January 1st.

Membership fee

(Included with this form)

$20.00 if paid after December 31st.

**Method of Payment:**

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

**Mail to:**

**Cabarrus Art Guild**

**c/o ClearWater Arts Center & Studio**

**223 Crowell Dr. NW**

**Concord, NC 28025**

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