** 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 \_\_\_\_\_\_\_\_