



CNY Art Guild, Inc.

PO Box 145
Newport Road
Warners, NY 13164

MEMBERSHIP FORM

CONTACT DETAILS

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.)

What medium(s) do you work in? _____

ABOUT YOU (OPTIONAL)

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

Is there anything else about yourself that you would like to share with us?

Form CNYAGMEM101.1 - Rev. 2_03-28-18

Make checks payable to CNY Art Guild.

Mail this form with your check to: Dian Paura-Chellis, 2829 Warners Road, Warners, NY 13164