SE	Office Use Only
2023-2024 Lynnfield Art Guild	Check #:
Join/Renew and/or Support	Date Paid:
Membership Application	Membership # if new
	member:
 Please print all information clearly and completely. Payment (checks only) must be submitted with this application regative submitted with the subm	rdless of new or
previous membership. (Make payment by check with application or thro	
Lynnfield Art Guild, P.O. Box 12, Lynnfield, MA 01940)	8
• Dues are payable to Lynnfield Art Guild by June 1st for the LAG fi	
31 and must be paid prior to participating in Holiday/Spring shows.	
Member Name:	
□ New Member □ Returning	
Membership #: Any information changes? Yes	No
Address:	
City/State/Zip:	
Telephone:Email:	
Amount Enclosed: <u>\$</u>	
[□] Annual Full Membership	\$35
ArtistArtisanPhotographerSc	ulptor
_	
Family Membership Artist Artist Photographer	\$45 Sculptor
Student Membership (Limited Privileges)	\$10
Associate Membership (No Exhibiting Privileges)	\$25
Optional contribution to the scholarship fund: \$50\$25other Guild support level (optional): Patron (\$100) Sustainer (\$50) Suppo	rter (\$20)
As a member of the Lynnfield Art Guild, I understand that I will be expected to be an <i>active</i> year in the following: Check all that apply.	e participant during the
Set-up/Break down Holiday Show Spring Show	
Be a Greeter at Holiday Show Spring Show Create/donate raffle item for Holiday Show Spring Show	
Work with Hospitality at Demo Holiday Show Spring Show	
Donate a refreshment for the monthly Demo Holiday Show Spring Show Serve on a Committee Fill a vacant Board position Be a Committee	mittee Chairperson
Thank you!	