

Columbia Arts Guild
Membership Application

Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

E-mail address: (req. for guild communications) _____

Web site: _____

(check box if you want your site linked to www.columbiaartsguild.org member page)

Date: _____

(\$15.00 membership is for one year beginning September 1st through August 30 the following year.)

Member signature: _____

Mail completed form and check to: Columbia Arts Guild, P.O. Box 241, Columbia City, OR 97018.

Your personal information will only be used for guild membership purposes.