



PO BOX 2730 MURRELLS INLET, SC 29576

Date _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. () _____ Mobile No. () _____ Fax No. () _____

E-Mail address: _____

MEMBERSHIP LEVEL

() Artist \$25 () Family \$35 () Associate

() Junior (Under 18) \$15 (Non-voting member, must be sponsored by an adult)

() Student \$15 (Full time student 18 - 25 yrs. Old)

() Website Gallery and hosting for Artwork or Photography \$40 for each Gallery in addition to the above – see Website Gallery Hosting page for details

Other art organization affiliations:

Art Education/experience/awards:

I am interested in volunteering for one or more of the following committees:

() Finance () Membership () Public Relations/Marketing

() Programs/Events () Telephone () Fund Raising

() Other/Specify) _____

To be filled out by Guild Membership Committee

The Seacoast Artist Guild of South Carolina
Mail to: P.O. Box 2730 Murrells Inlet, SC 29576

Date _____ Received amount in dollars \$. _____

From (Applicant name): _____ For 2010 Membership Dues

() Cash () Check No. _____ () Money Order

Membership Committee Secretary/Treasurer