



Linn County Arts Guild Membership Application/Renewal Form

Member Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Application Date: _____ Amount Paid: _____

Membership Category -choose one

- Individual \$20
- Student \$10
- Family \$30/spouse/partner
- Friend of LCAG \$20
- Senior 65 - 79 \$10
- Senior over 80 no charge

Membership Status - choose one

- New Membership
- Renewing membership
- youth # ___ add \$5 each add'l after 2 youth
- Share my info with other members?
- Yes, share my personal info
- No, do NOT share my personal info

My artistic interests are:

- I am an artist and my medium is _____
- I am an educator
- I support the arts
- I am a student
- Other _____

I am interested in helping with:

- Publicity Membership Arts education Events Grant writing
- Exhibitions Public art Hospitality

I am including an additional donation of \$ _____

Family information if member:

Spouse/partner name: _____
 Phone: _____ Email: _____

- I am an artist and my medium is _____
- I support the arts _____
- I am interested in helping with: _____

Youth information

Name: _____ Age: _____ Grade: _____
 Name: _____ Age: _____ Grade: _____
 Name: _____ Age: _____ Grade: _____

Send application and check to: Linn County Arts Guild PO Box 1 Lebanon OR 97355

Phone: 541.497.0386 Email: lcag97355@gmail.com