



2020 WPAG MEMBERSHIP FORM

Jan. 1, 2020 – December 31, 2020

Application Date: _____

First/Last Name: _____ NEW MEMBER RENEWAL

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Check ONE of the following: Member-\$35.00 Sponsor-\$100 minimum Life Member (approved by Board)-\$5.00 *Please make check payable to West Pasco Art Guild.*

Seasonal Resident Year-Round Resident How did you hear about us? _____

Primary Medium: Watercolor Acrylic Oil Photography Clay/Ceramics Pastel Fused Glass Other _____

West Pasco Art Guild, Inc.

6206 Jefferson St., New Port Richey, FL 34652

(727) 841-7732 www.westpascoartguildandgallery.org

Credit Cards Accepted at the Guild Office

TO BE COMPLETED BY WPAG MEMBERSHIP COMMITTEE REPRESENTATIVE

Member-\$35 Date Rec'd: _____

Sponsor-\$100 minimum Check # _____ Cash CC

Board approved Life Member-\$5 Rec'd by: _____



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