

Application Date:	
-------------------	--

First/Last Name:		□NEW MEMBER	□RENEWAL
Address:	City/State:	Zip:	
Phone:Email:			
Check ONE of the following: ☐ Member-\$35.0	00/\$37 on-line Sponsor-\$100 minimum Please make chec	ck payable to West Pas	co Art Guild.
· <del>-</del>	Seasonal Resident Year-Round Resident		
West Pasco Art Guild, Inc.	TO BE COMPLETED BY WPAG MEMBERSHIP COMI	WITTEE REPRESENTATIV	/E
6206 Jefferson St., New Port Richey, FL 34652 (727) 841-7732 www.westpascoartguildandgallery.c Credit Cards Accepted at the Guild Office	☐ Member-\$35 Date Rec'd: Checkorg ☐ Sponsor-\$100 minimum. Check # ☐ Board approved Life Member-\$5 Rec'd by:	: # Cash Cash On-line	] On-line [
West Pasco Art Guild, Inc. 2021 MEMBERSHIP FORM Jan. 1, 2021 – Dec. 31, 2021	Application Date:		
irst/Last Name:		□NEW MEMBER C	⊐RENEWAL
ddress:	City/State:	Zip:	
hone:Email:			
· <del>-</del>	)/\$37 on-line Sponsor-\$100 minimum <i>Please make check</i>	payable to West Pasco	o Art Guild.
	TO BE COMPLETED BY WPAG MEMBERSHIP COMM	ITTEE REPRESENTATIVE	:
Vest Pasco Art Guild, Inc. 206 Jefferson St., New Port Richey, FL 34652 727) 841-7732 www.westpascoartguildandgallery.or <i>redit Cards Accepted at the Guild Office</i>	☐ Member-\$35 Date Rec'd: Check :	# Cash 🗌	On-line 🗌