

Sargent Art Group – Membership Application Form

*First Name: _____ *Last Name: _____

*Email: _____ (Make sure it is correct.)

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Are you an artist? ____ Yes ____ No

List all media you work with: _____

How did you hear about SAG? (Check all that apply.)

___ My friend, _____, is a member of SAG and invited me.

___ I attended an exhibit and met a SAG member who told me about SAG.

___ I was given a SAG business card and then I looked at the SAG website.

___ I was on Facebook and was led to the SAG Facebook page.

___ Other (Please explain.) _____

Why did you decide to join SAG?

What do you hope to gain by being a member?

What would you like to do to contribute to our organization?

Comments: _____

Paid Dues of ___ \$40 (or prorated ___\$30, ___\$20, ___\$10) by ___ Cash ___ Check
___ in person at a meeting, ___ online thru the website (www.SargentArtGroup.org)

*Required – We need your email in order to communicate with you. Phone and address optional.