



**AAG MEMBER APPLICATION** (New members only) Date \_\_\_\_\_

Full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Art medium(s) \_\_\_\_\_

What do you hope to learn / gain via the Alexandria Artist Guild?

(We love to see how we can best help the needs/incorporate ideas from our members.)

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What do you hope to see our community gain from the Alexandria Artist Guild? Goals/lofty dreams?

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Brief explanation of your skill level, art career and current work:

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What special skills might you one day be willing to share with our group?

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Please print and fill out (not fillable online), and send it with your check for \$40 to:

Alexandria Art Guild  
PO Box 514  
Alexandria, MN 56308

Or go to [alexart.org](http://alexart.org) and pay online. Again – if you are a new member send this application either to the address above, or scan and send to [alexartguild@gmail.com](mailto:alexartguild@gmail.com)