



New Member Application

Name: _____

Address: _____

City, State, Zip: _____

Phone (daytime): _____

Phone (evening): _____

Email: _____

Check all that apply:

I am an artist interested in becoming a member

I am interested in becoming a CAG volunteer in the area
of _____

Media of interest? _____

Gallery affiliations or art school experience? _____

Membership Fees

Member \$45

Student \$25

Please make checks payable to "CAG" and mail along with
this application to

CAG

P.O. Box 21086

Charleston, SC 29413-1086.

- contact the CAG for more information -

www.charlestonartistguild.com

843.722.2454