



Our stated purpose is to coordinate, promote and assist in the development and advancement of cultural Arts activities in Moapa Valley through the cooperative efforts of citizens and organizations

MEMBERSHIP APPLICATION

Name _____

Mail Address _____

Physical Address _____

Phone No. _____ Cell Phone No. _____

Email Address _____

Membership: Individual - \$20/yr. Family - \$25/yr. Student - \$10/yr.

Please make check payable to "Moapa Valley Art Guild."

Note: Membership year runs from January 1 to December 31.

Membership entitles you to vote on issues at meetings, attend Guild-sponsored workshops at the members' rate, and exhibit your work in Guild sponsored art shows.

As an active member I am interested in exhibiting my art. Medium _____

Comments: _____

In addition to my membership, I wish to make a donation in the amount of \$ _____.

Your donation is tax deductible. You may request that your donation be directed to our scholarship fund or to our Permanent Art Collection for acquisitions or maintenance.