

## Membership Form 2020-2021

AGTV Annual Membership (September 2020 thru August 2021)

Date:		
First Name:	Last Name:	
Street Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Best Phone Number to Reach You:	Cell? OR Home?	
Email Address:		
New Membership OR	Renewal Membership	
	Family Membership (If paid before 12/1/2020, indi	ividual and family fees are reduced by \$5.00
If this is a Family membership, what is the	name of the other person?	
Your Art Related Website (if applicable):_		
What type of art do you want to learn more	e about?	
Please indicate how you will	Teach Classes or Worksho	
help the Art Guild: (please	Audio Visual set up	•
check all that apply)	Manage Inventory and	Membership
Publicity	Supplies	Online Exhibition
Website & social media	Historian	Small Group Lead
Exhibit Committee	Host visiting artists	Classes & Workshop Chair
Hospitality & refreshments	Monthly	Other
	Monthly programs President of Art Guild	
Checks payable to AGTV can be brought		mailed to our Membership Chair: Jack
Retterer, 241 Eaton Village Trace, Lenoir	City, TN 37771	-
FOR INTERNAL USE: ONLY Date Po		
Check or Trans #	Signed	