



ARTS GUILD APPLICATION

Full Name: _____
Address: _____ Apt/Unit#: _____
City: _____ State: _____ Zip: _____
Phone#: _____ Cell/Mobile#: _____
Email Address: _____

Tell us about yourself:

Art Organizations/Affiliations:

Art Education/Experience/Awards

Please attach any other information, art portfolios, or relevant materials.

Let us know what you would be interested in volunteering for or helping to coordinate from the list of activities/functions below:

- Dance
- Music
- Theatre
- Education
- Visual Arts

- Fundraising/Marketing
- Volunteers/Community
- Facilities
- Events/Festivals