



## RGA MEMBERSHIP FORM

Thank you for your interest in becoming a member of the Ridgefield Guild of Artists and in supporting in our grass roots effort to promote the visual arts in our community.

Please fill out this form and mail, along with your check (or indicate credit card payment below), to:

Ridgefield Guild of Artists, Inc.  
P.O. Box 552  
Ridgefield, CT 06877

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Membership category (circle one):

\$55 Member

\$30 Senior/Student

\$250 Corporate Sponsor

\$1000 Guided Angel

Please charge my membership fee to:

(Circle one)

Visa

Master Card

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Please make checks payable to: Ridgefield Guild of Artists

If you have any questions, please call the Guild at 203.438.8863.