



Clayworkers' Guild

THE CLAYWORKERS' GUILD OF ILLINOIS

Founded March, 1979

THIS APPLICATION IS VALID FROM JANUARY 1 THRU SEPTEMBER 30

APPLICATION FOR MEMBERSHIP

NAME: _____ PHONE #: _____
(Please Print)

ADDRESS: _____ E-MAIL: _____

DATE: _____

PLEASE CHECK APPROPRIATE BOX

HERE ARE THE MEMBERSHIP CHOICES AVAILABLE:

\$35 INDIVIDUAL MEMBERSHIP
(membership begins January 1 & ends December 31)

\$15 HALF-YEAR MEMBERSHIP
(membership begins July 1 & ends December 31)

\$45 FAMILY MEMBERSHIP
(membership begins January 1 & ends December 31)

\$20 HALF-YEAR FAMILY MEMBERSHIP
(membership begins July 1 & ends December 31)

*ASSOCIATE MEMBERSHIP
(Individuals supporting the Guild & giving "ANY" donation at any time)

\$250 Minimum donation for LIFE MEMBERSHIP
Amount of Donation Enclosed: \$ _____

\$350 Minimum donation for FAMILY LIFE MEMBERSHIP
Amount of Donation Enclosed: \$ _____

\$45 Minimum donation for CORPORATE MEMBERSHIP
Amount of Donation Enclosed: \$ _____

*FRIENDS OF THE GUILD
(Organizations supporting the Guild in "ANY" way.)

**This is NOT a full-membership & is not eligible to vote*

****Please mail your application & payment to the following address:**

Clayworkers' Guild of Illinois
P.O. Box 242
Ringwood, IL 60072