



Membership Application

Dues Amount: \$30

Name _____ Date _____

E-Mail Address _____ Phone _____

Mailing Address _____

Website or Link _____

Art Interests _____

Check boxes to include contact information in Member Directory:

- Phone Number
- Email Address
- Street Address
- Website or Link

Please mail membership application and check for \$30 to

BAG
PO Box 621
Broomfield CO 80038