

# North Clackamas Arts Guild

## Membership Application & Renewal Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Please check:  New  Renew - **Due January 1st**

Date \_\_\_\_\_ Email \_\_\_\_\_



I want to receive my newsletter by  
 Email  U.S. Mail

**Dues are \$30.00**

**Make check payable to NCAG**

**Mail to: Treasurer, NCAG, P.O. Box 220004  
Milwaukie, OR 97269-0004**