CAG Membership Application

Name: _____ Date: _____

Address: _____ _____
Street City

_____
Postal Code

Telephone: _____ _____
Home Cell

Email Address: _____

Information:

1. What lessons / workshops / art shows have you participated in? Please list below.

_____

_____

2. How did you hear about the Charleswood Art Group?

_____

_____

3. Please identify your expectations of the Charleswood Art Group:

_____

_____

4. Do you have any special skills or experience that might help with the running of the club? If so, please describe below: *(For example, computer skills, teaching, accounting, administration, etc.?)*

_____

_____

_____

_____