

**GOSHEN PAINTERS' GUILD
APPLICATION FOR MEMBERSHIP**

Name _____ Date _____

Primary residence

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email address _____

Second residence (if applicable)

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Months at this address ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug
 ☐ Sept ☐ Oct ☐ Nov ☐ Dec

How did you learn about the Goshen Painters' Guild? _____

All experience levels are welcome. Please check your experience level

☐ Beginner ☐ Intermediate ☐ Advanced

Do you have experience/credentials to be a class instructor? ☐ Yes ☐ No

If yes, in what areas _____

Please indicate which committee(s) you would be willing to serve on.

☐ Clean-up/Supplies ☐ Publicity ☐ Exhibit
☐ Membership ☐ Instructional ☐ Field Trip

Other ways I could help the Guild are: _____

MEMBERSHIP AGREEMENT

Please attach a remittance of \$50.00 for as a deposit for joining the Goshen Painter's Guild. The monthly maintenance fee may also be paid in advance. I understand that if I leave the Guild or let my membership lapse for more than 6 months without paying monthly dues then I will have to pay the \$50 Guild Joining Fee if I wish to rejoin the Guild again.

By signing this agreement, I am pledging to pay \$20.00 per month maintenance fee (for a minimum of one year from the date of membership acceptance.

I agree to adhere to all guidelines set forth in the Goshen Painters' Guild Membership Manual. I further agree to be an active part of the Guild and share my abilities with the Guild.

Member and User Waiver

The undersigned hereby releases, acquits, and discharges the Goshen Painter's Guild, it's officers, directors, and members of any liability that may result from any loss or injury to person or property that may occur while the undersigned is on the premises, parking areas or sidewalks of the Goshen Painter's Guild or using any of the equipment, tools, or other property belonging to the Goshen Painter's Guild or to any of its members, officers, or directors. The undersigned agrees to indemnify the Goshen Painter's Guild, it's members, officers and directors against any loss or expense including attorney fees and court costs, that may be incurred by the Goshen Painter's Guild, it's members, officers and directors on account of any lawsuit, including subrogation claims, to which Goshen Painter's Guild, it's members, officers and directors may be made a party as the result of any such incident.

Signature: _____ Date: _____

Printed name: _____

Signed _____ Date _____

Accepted by _____

Date of acceptance _____ Membership start date _____

Send application & check to: Goshen Painters Guild

**ATT: Membership
212 West Washington St., Suite # 16
Goshen, IN 46526**

revised 9/15

