



Abbeville Artist Guild — Membership Registration

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail: _____

Phone Number: _____

Mediums: _____

Membership Type:

Artist (\$20)

Patron (\$20)

Family (\$35)

Please Complete and Return at a General Meeting or Mail to: PO BOX 1307 Abbeville SC 29620

2012 Committee Interests: Please Circle Your Committee Choice

Programs & Workshops The responsibilities of this committee are to coordinate programs and workshops to be held during regular monthly meetings.

Specialty Artist Series The responsibilities of this committee are to book artists for demonstrations/lecture for open SAS's throughout 2012.

Exhibits The responsibilities of this committee are plan AAG Exhibit Themes for Welcome Center, Check In work received for exhibits as well as coordinate art work delivery & pick up to Abbeville Area Medical Center Art Gallery, and any Exhibit Theme for the gallery.

Receptions The responsibilities of this committee are to plan menus, coordinate "dish to pass" volunteers, maintain Reception Budget, supplies and decorations.

Silent Auctions The responsibilities of this committee are to solicit donations for our silent auctions (Evening of Art; Art'Oberfest), set up and close out auctions.

Event Staffing The responsibilities of this committee are to coordinate volunteers needed for our events, including finding persons for assistance with Guild mailings, Set Up/Tear Down, Staffing Volunteer Tents/Tables as necessary