



*Wabash Valley Art Guild
P.O. Box 3958
Terre Haute, IN. 47803*

Membership Form

Name _____

Address _____

City _____

State _____ Zip _____

Phone () _____

E-Mail _____

Medium in which you work: _____

Annual Dues are \$20.00
Make checks payable to:
*Wabash Valley Art Guild
P.O. Box 3958
Terre Haute, IN. 47803*

Thank you for your interest and support!