Membership Application: June 1, 2024– May 31, 2025

You may renew OR donate online with a credit card at our website westportartgroup.com. If you prefer to use this form, mail it with your check payable to Westport Art Group, Inc.: WAG, PO Box 157, Westport Point, MA 02791.

Please check one: New	Renew	val Lifetime M	Iember		
Please Print Clearly: Name					
Winter Address					
City	State	Zip Home Phone			
Cell Phone	Email	Website			
Summer Address		Home Phone #			
City	State	Zip			
Reason I Became a WAG	member:				
MEMBERSHIP CATEGOR	IES (Please indicate your me	embership category)			
Individual (\$40) Co	ontributing (\$60)	Sustaining (\$75)Patron	n (\$100)		
(Note: Memberships above the	OFFICE USE:				
\mathbf{Y} oung \mathbf{A} rtist (between the a	Date Received:				
Emerging Artist (between the			Check Number:		
Lifetime Member (\$500) (exempt from dues hereafter) Received by:					
Please consider an Additio	nal Donation to support WA	.G :			
		Scholarships:	\$		
		Building and Gardens:	\$		
		Operating Costs:	¢		

PLEASE CONSIDER VOLUNTEERING TO HELP WAG. Indicate areas of interest. We need your support.

Adult Education Workshops	Planning an Art Show	Building Maintenance or Gardens
Youth Education	Exhibit Gallery Sitter	Board Level Activity
Coord. Other Volunteers	Setup and take down	Communications