



## 2021 / 2022 MEMBERSHIP APPLICATION FORM

Revised 04/17/21

I would like to join / renew my membership to

**ASOG - Art Society of Old Greenwich**

Enclosed is a check for my dues which expire December 31, 2022.

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Type of Membership     Basic (Dues \$50)     Student (Dues \$20)

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Signature of Applicant

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Date

**Please mail payment along with this form to:**

Art Society of Old Greenwich

PO Box 103

Old Greenwich, CT 06870

Questions? Please send an email to [artsocietyoldgreenwich@gmail.com](mailto:artsocietyoldgreenwich@gmail.com)