



Application for membership to the

Chelmsford Art Society

Please print clearly

Date _____

New Membership

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

Website _____

Preferred media/style of interest:

Please add my email and URL to the CAS website

Please save paper and email me my newsletter!

Renewal of Membership

Name _____

Please update any personal information using the New Membership section.

Fees:

Make checks payable to Chelmsford Art Society

Single \$25

Family \$40

Senior (60+) \$20

Student \$20

Donation to the scholarship fund. \$ _____

Fees are due every April 1.

Bring application and fee to our monthly CAS meeting

(check dates for meetings on website or newsletter)

Or mail to:

Chelmsford Art Society

PO Box 401

Chelmsford, MA 01824

For more information, visit our website at

<http://www.chelmsfordartsociety.org/>