

Kawartha Potters Guild Membership Form

	New Member	OR Renewal	
Name:			
*Address:			
Phone:		E-mail:	
Studio name:			
	ewing your membership ce September 2020.	you are not required to fill in the ab	ove information unless there have been
functions, devo	oting time and energy to r volunteering for any o		olunteer to help with general duties. rcle as many as you like below and you
Board of Directors		Sale Planning	Fundraising
Pottery Shop Duty		Guild Refreshments	Library
Marketing/publicity		Website/social media	News Letter
Quality Standards		Studio/Guild Work Parties	Summer Camp Committee
Teaching		Supplies Coordinator	Grant Writing
Program	ming	Volunteer Coordinator	Other:
If you are an es	tablished member, wo	uld you be interested in mentoring	a newer potter? Yes / No
If you are a nev	v member, would you b	e interested in a mentorship with	an established potter? Yes / No
If yes, what typ	e/area of pottery woul	d you wish to explore?	
• Full T		00 \$30.00. (Requires valid student ID after March 1 st : \$45.00.	presented at time of payment)
If you are a ne	ew member, how did	you find out about us?	
Please make ch	neques payable to "Kav	vartha Potters Guild".	
Office Use Only	y :		
Fee Paid:		Date:	
Web	Emailed ACP E	mailed Member CC	Emailed FB admin

KPG Membership Application Form , modified Jan 7, 2020