

**KAWARTHA ARTISTS' GALLERY & STUDIO**  
**NEW MEMBER CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

After completing the contact information, please submit the form to the Membership Chairperson at the address below. Do not include a cheque.

You will receive an invitation to attend an information session. We want to provide as much information as possible to you about KAGS.

At the end of the session you may complete the application for membership form and pay the **\$145** annual membership fee should you wish to join.

**Application can be dropped off or mailed to:**

**KAWARTHA ARTISTS' GALLERY & STUDIO,  
420 O'CONNELL RD.,  
PETERBOROUGH, ONT.  
K9J 4C9**

**705-741-2817  
[www.kawarthaartists.org](http://www.kawarthaartists.org)**