



Date Rcvd:	_____
Check #:	_____
Amount pd:	_____

Artists and Craftsmen of the Flathead  
**2019 MEMBERSHIP APPLICATION**

This Application is for a **Single Membership - \$25.00**

*A single membership fee entitles you to one booth space at all ACF hosted shows (member booth rates apply) and one (1) vote at general meetings. See ACF Bylaws and General Rules for more information.*

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, I am ok with receiving all correspondence, newsletters and applications via email only.

I am a:        Returning Member

                New Member who does not intend to sell products this year

                New Member and have enclosed 2-6 photos for jurying into ACF-hosted shows

Please send my correspondence newsletters and applications via US Mail.

About your product: *Describe all items you intend to sell.*

Volunteering: *Please check all areas where you would like to be of assistance*

Audit Committee

Nominating Committee

Bylaw Committee

Picnic Committee

Committee Assistants

New Member Mentor

Show Banners & Signs

Community Outreach Committee

Meeting Refreshments: *Please check the meeting month(s) that you will bring refreshments*

April 2019

May 2019

June 2019

August 2019

September 2019

October 2019

November 2019

January 2020

February 2020

March 2020

**By signing this form, I am acknowledging that I have read and will abide by all ACF Bylaws and Rules.**

\_\_\_\_\_  
 Primary Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Secondary Applicant(s) Signature(s)

\_\_\_\_\_  
 Date