



2009 Membership Application

Please send payment and application form to:
Susan McDonald
4166 4th Line
Port Hope, Ontario
L1A 3V7

First Name:

Last Name:

Business Name:

Address:

Phone:

eMail:

Website:

Profile (250 characters):

I will be participating in the 2009 Fall Show and Sale: Yes No

If yes, please include a short description of your work (250 characters):

Please enclose 3 jpg images of your work and payment of \$30. If you are participating in the 2009 Fall Show and Sale please add an additional \$80 to your payment. Please note there will be a 10% commission on sales at the show.