



# ARTISTS AND CRAFTSMEN OF THE FLATHEAD 2023 MEMBERSHIP RENEWAL

Date Rcvd: \_\_\_\_\_  
Payment Type: \_\_\_\_\_  
Check/Order #: \_\_\_\_\_  
Amount Pd: \_\_\_\_\_

This form is for **renewal** of a Single Membership for the calendar year 2023 - - \$25.00

*A single membership fee entitles you to the discounted members' booth rate at all ACF hosted shows and one vote on organization issues, motions and elections. Limit is 2 people per membership. Members are encouraged to attend General Meetings and to actively participate in organization activities and discussions.*

*Membership fees are non-refundable. See **ACF Handbook** for more information.*

Name(s): \_\_\_\_\_ Business Name: \_\_\_\_\_

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

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

**About your product:** Please select your medium(s), art(s) or craft(s). For "other", please describe in detail.

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Painting       | <input type="checkbox"/> Glass       | <input type="checkbox"/> Bags/Totes/Purses  |
| <input type="checkbox"/> Photography    | <input type="checkbox"/> Paper       | <input type="checkbox"/> Laser Engraving  |
| <input type="checkbox"/> Crochet/Knit   | <input type="checkbox"/> Jewelry     | <input type="checkbox"/> Food Product: *proof of food license or certificate & product liability insurance required |
| <input type="checkbox"/> Clay/Ceramics  | <input type="checkbox"/> Resin/Epoxy |   |
| <input type="checkbox"/> Woodworking    | <input type="checkbox"/> Home Décor  | <input type="checkbox"/> Skin Care/Bath & Body: *proof of product liability insurance required                      |
| <input type="checkbox"/> Leather        | <input type="checkbox"/> Wreaths     |   |
| <input type="checkbox"/> Sewing         | <input type="checkbox"/> Clothing    | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Greeting Cards | <input type="checkbox"/> Toys/Games  |   |

Additional Details:

ACF Participation Notes - to be confirmed and completed by member of the Board:

Meeting credits: \_\_\_\_\_

Donation credits: \_\_\_\_\_

Other participation: \_\_\_\_\_

Total Credits earned Jan 2022  
through April 2023 = \_\_\_\_\_

Membership Tier = \_\_\_\_\_

\*\*\*\*\* CONTINUED ON BACK – SIGNATURE IS REQUIRED \*\*\*\*\*

**Primary Correspondence:** *ACF members will receive monthly newsletters, copies of event application forms and other paperwork throughout the year. How would you like to receive your correspondence?*

- ☐ Yes, I am ok with receiving all correspondence, newsletters, and other paperwork via email only.
- ☐ Please send my correspondence, newsletters, and other paperwork via US Mail.

**Text Alerts:** *ACF sends text messages to members who opt-in to receive them containing reminders for General Meetings and other events:*

- ☐ Yes, please send me text alerts – mobile number: \_\_\_\_\_
- ☐ No, I would like to opt-out of this feature. Do not send me text alerts.

**Website:** *All ACF Members are provided a basic profile page on the ACF Website. Basic profiles include 1-5 photos of you, your business name and/or logo, and your product(s), along with links to your existing Facebook, Instagram, Etsy, business website, or any other social media or online page you have.*

- ☐ Yes, please create/update my profile on the ACF Webpage
- ☐ No, I would like to opt-out of this feature. Do not include my profile on the ACF Webpage.

**Social Media:** *Please share your Facebook, Instagram, Etsy, other social media links/tags and if you have a website. This information may be used for promotion and advertising purposes.*

**Volunteering:** *Please considering joining a committee:*

- |   |   |
|---|---|
| <input type="checkbox"/> Audit Committee  | <input type="checkbox"/> Community Outreach Committee |
| <input type="checkbox"/> Picnic Committee | <input type="checkbox"/> Fundraising Committee        |

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

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> January 2023 | <input type="checkbox"/> June 2023      | <input type="checkbox"/> November 2023 |
| <input type="checkbox"/> April 2023   | <input type="checkbox"/> September 2023 |  |

**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 Signature:

\_\_\_\_\_  
Date