

APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_ Work \_\_\_\_\_

Circle your medium(s): painting, sculpture, photography, multimedia, printing, glass, ceramics, fiberart, installation, other \_\_\_\_\_

EDUCATION	CITY	DEGREE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Could you sit the gallery twice a month, 12-4p.m. \_\_\_\_\_ Best days \_\_\_\_\_  
Could you attend bimonthly meetings on second Saturdays at 4:30p.m.? \_\_\_\_\_

CURRENT EMPLOYMENT (Employer and location)

\_\_\_\_\_  
\_\_\_\_\_

EXHIBITION HISTORY (or attached resume)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER ART AFFILIATIONS OR MEMBERSHIPS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_