

Full Circle Nine Gallery Membership Application



Contact Information (please print clearly)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Prior Gallery/Show Experience

Gallery/Location/Date	
Gallery/Location/Date	
Gallery/Location/Date	

Availability

All Artists must help cover shifts during the gallery hours of operation (1-8pm, Thurs/Fri/Sat, with additional morning hours on Saturday. Please indicate which shifts you are available to cover.

- Thursday 1-4p
- Thursday 4-8p
- I can take additional or irregular hours as my schedule allows.
- Friday 1-4p
- Friday 4-8p
- Saturday 9a-1p (Farmers Market)
- Saturday 1-4p
- Saturday 4-8p

Committees

Each Artist must be on two committees. Please select which two you'd like to join, based on your personal skill level. The Board reserves the right to switch committee membership if membership becomes too uneven.

- Construction (maintenance, building, painting)
- Promotions (social media, web, signage)
- Public Relations (press work, outreach)
- Welcome (neighborhood relations, event coordination, ie First Fridays)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous gallery work, or through other activities, including hobbies or sports.

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Art Style

Please describe your artwork, as best you can (we know this can be difficult). Please use the terms that you feel best describe your artwork. How do you want it to be called? (“Abstract painting” or “traditional landscape painting”)

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member artist, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I will also be prompt and current in payment of my \$80 monthly membership fee. A fee payment in arrears could result in my immediate dismissal. I also understand that untoward behavior at the gallery, or behavior harmful to the gallery’s reputation (both as defined by the Board) will result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

The completed application will be submitted to the board for membership approval. Upon approval, the member artist will be required to sign a contract, six-month lengths, agreeing to commit to the gallery for that time, and to abide by all cooperative rules.

Thank you for completing this application form and for your interest in joining the Full Circle Nine Gallery.