



Artist Membership

October 1 – September 30, Annual dues: \$25

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Website _____

Art Discipline: Primary Medium _____

Other Media _____

Other Areas of Expertise:

___ Teach Adults: Subject _____

___ Teach Teens: Subject _____

___ Teach Children: Subject _____

___ Give lectures: Topic _____

___ Demonstrate Techniques: _____

___ Commissions: Subject/media: _____

Interested in participating in:

___ Member Gallery Shows

___ Slide Registry (send attached form and up to 20 slides in a slide sleeve page)

___ Holiday Show and Sale

___ Other sales/display opportunities

___ Volunteer: ___ Hospitality ___ Mailings ___ Gallery Sitting ___ Office work

___ Phone calls ___ Help with special events

___ Help with maintenance of studio equipment

___ Other: _____

I would like to have the following information listed on the artist registry page on the Academy of Fine Arts website.

___ Name ___ E-mail address ___ Website address

Signed _____ Date _____