



APPLICATION FOR EXHIBITING MEMBERSHIP

Name: _____ Date: _____

Address: _____

Primary Phone: _____ Email: _____

Medium/Type of Art: _____

Attach artist bio and submit this application with samples of your artwork.

If membership is approved, I agree to the following membership obligations

- Pay \$50 monthly membership dues on time or in advance
- Pay 20% commission from all sales to DFSAC, Inc.
- Work a **minimum** of two (2) full workdays at the gallery per month.
- Attend in person meetings whenever possible and communicate if not able.
- Communicate using "Group-Me" app. Check this app regularly and participate in discussions.
- All artwork must be original and adhering to plagiarism laws.

Sign here to indicate that you have read and agree to the above: _____

Members are encouraged to participate in community outreach projects and other DFSAC, Inc activities.

Members will be given advance notice for any changes in fees, dues and commissions.

Art belonging to exhibitors who have defaulted on membership dues will become the property of DFSAC, Inc. after 91 days.

Applicant Signature: _____ Date: _____

Signature of membership chair/officer: _____