

Key West Art Center  
301 Front Street ♦ Key West, FL 33040 ♦ 305-294-1241  
www.keywestartcenter.com

**KWAC Associate Members' Show  
REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE(S) \_\_\_\_\_

E-MAIL \_\_\_\_\_

TITLE \_\_\_\_\_ MEDIUM \_\_\_\_\_

SIZE \_\_\_\_\_ PRICE \_\_\_\_\_

**I have read and agree to follow the stated guidelines. I absolve the Key West Art Center and its representatives of any and all responsibility for loss or damage to any of my work submitted for exhibition.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*If including Associate Member dues payment of \$45.00 with your registration, please make checks payable to Key West Art Center.*

I want to volunteer: Yes / No      I will bring a food dish for the table: Yes / No

*Please fill out identification tag below -----*

**KWAC Associate Members' Show 2019**

**Title:** \_\_\_\_\_

**Artist:** \_\_\_\_\_

**Medium:** \_\_\_\_\_

**Price:** \_\_\_\_\_