

134 S. Broadway St.	Сс
541-756-4088	Tu

Coos Bay, OR 97420 Tues-Sat 11am-6pm

APPLICATION FOR MEMBERSHIP

		DATE			
ADDRESS					
CITY	_STATE _	ZI	P CODE		
PHONE	EMAIL _				
ART MEDIUM					
EXPERIENCE, CREDITS, EXHIBITS					
MEMBER COMITTMENT Monthly dues \$80.00 Comm	ission 25%				
Gallery sitting 2 days per month					

The gallery is a co-op, and members are expected to participate in a variety of ways to help ensure success for all.

Membership requires Gallery sitting 3 to 4 shifts per month, as well as active participation in the gallery. You will be trained before you are expected to sit at the gallery alone. Shifts are approximately 3.5 hours, if you wish may work a full day of 7 hours.

Membership is based on an interview and a jury process approval.

You may mail this application to:

ATTN: President The Artist Loft Gallery P.O. Box 1606 Coos Bay, OR 97420

Artist Signature

Thank you for your interest in the Artist Loft Gallery