

Columbus Artist's Cooperative Membership Application

Applicant Information

Name: _____	
Mailing Address: _____	City: _____
Physical Address: _____	City: _____
Year Round Resident <input type="checkbox"/>	Email: _____
Part Time Resident <input type="checkbox"/>	PHONE: _____

What You Create

Current Interest: _____	How much space do you need? _____
Describe your items: _____	Price range of your items? _____
	Will you insure your items? _____
	Do you desire an @DesertArtistas email address? _____

What level of involvement in the running of the Gallery do you desire (greeting & hosting, carpentry, decoration, cleaning, moving items, etc)?

Emergency Contact	
Name of a relative not residing with you: _____	Relationship: _____
Address: _____	Phone: _____
Any medical conditions you wish us to be aware of? _____	

Donations/Loans/Displays	
Do you have a display structure (table, shelves, bookcase, etc)? _____	Describe if so: _____
Do you have any old or distressed furniture, artwork, antiques or curios you would like to loan or donate to the gallery? (List) _____	

Please Select One	
<input type="checkbox"/> Exhibiting Member - Hosting - Annual	\$50.00 (20% Commission to Gallery)
<input type="checkbox"/> Exhibiting Member - Non Hosting - Annual	\$50.00 (40% Commission to Gallery)
<input type="checkbox"/> Associate Member - Non Exhibitor	\$25.00
Notices	
* All applications subject to review by the Board of Directors	
* All applicants agree to be bound by our established rules, policies and bylaws of the Co-Op & Desert Artistas Gallery, and work to improve our cooperative as a whole	
* All items must be unique, handcrafted, or have otherwise significant artistic integrity	
* All items subject to acceptance by the Gallery Jury	
Signature	
I affirm that all information on this application is true and correct to the best of my knowledge:	
Signature:	
	Bob Wright, President
Dan Martin, Vice President	Karen Martin, Secretary & Treasurer
OFFICE USE	
Inventory Control Number: _____	Date of Acceptance: _____