

The Artists' League of Jersey City

**Membership Questionnaire * No Application Fee
Original works only, please.**

Last Name: _____ First Name: _____

If you would like to use a pronoun, please list here: _____ Date: _____

Organization (if applicable): _____

E-mail address: _____

Website (if applicable): _____

Instagram (optional): _____

Bluesky (optional): _____

Facebook (optional): _____

YouTube/Soundcloud/blog/any other social media channels (optional): _____

1. Are you an artist or do you consider yourself more a supporter of the arts? _____

The mission of the ALJC is to locate, create, and secure commercially competitive exhibition space and opportunities, as well as artist-centered affordable housing in the city of Jersey City, New Jersey,

2. Are you interested in working or living in Jersey City or both? _____

3. What are your arts?

4. The ALJC is a registered non-profit organization. Would you be interested in donating 30% of proceeds from sales of art work or art-related services toward our fundraising efforts? _____

5. Are you interested in curating exhibits _____ or organizing fundraising events? _____

Please return this completed questionnaire and 3-5 JPEG images or mp3 or mp4 audio/video samples of your work to: artistsleaguejc@gmail.com. All works remain property of the artists.