



Wurtsboro Art Alliance

2026 MEMBERSHIP APPLICATION

The mission of WAA is to encourage and further develop visual art activities in the community with the emphasis on drawing, painting, ceramics, sculpture and photography. Our goal is to provide an outlet for the beginner and professional artist alike to present their work to the public and make the world a more beautiful place.

We hold monthly meetings at our gallery located at 73 Sullivan Street. We encourage members to attend and participate in maintaining and supporting the Art Alliance so that we may continue to survive and thrive. WAA reserves the right to limit participation in exhibits to the works of member artists only.

Date of application: _____

I am applying as:

ARTIST

\$35.00 Single

\$45.00 Family (please include a list of all members)

\$25.00 Student (under 18 must have guardian co-sign)

PATRON

BENEFACTOR

Donation: \$ _____

(PLEASE PRINT)

NAME: _____
Last First M.I.

MAILING ADDRESS: _____

Please check if you are a seasonal resident. If you would like to receive mail related to WAA at another address, please write it below:

PHONE: _____ EMAIL: _____

WEBSITE: _____ MEDIUM: _____

BRIEF DESCRIPTION OF YOUR WORK:

Members may submit a 1-2 page bio to be included in the WAA Bio binder in our gallery.

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(continued)

COMMITTEES:

We need your help on the following committees. Please sign-up at a general meeting or by contacting the committee chair. Information about committee responsibilities, chairpersons, and sign-up sheets can also be found at the desk in the gallery.

- Education (classes)
- Gallery
- Grants
- Publicity
- Event Planning
- Maintenance
- Hosting
- Reception

Exhibiting members are expected to host during coverage hours one day per month.

Coverage hours are Saturdays and Sundays from 12 p.m. to 4 pm. Special events and receptions may extend the hours. Artists are to sign-up in the Gallery Coverage book on the gallery desk when they drop off work for the upcoming show. Work will not be hung if the hosting appointment is not made or made and unfulfilled.

INDEMNIFICATION AGREEMENT *(please print):*

I, _____

Residing at: _____

hereby agree to indemnify and hold harmless the Wurtsboro Art Alliance and/or any member thereof, in the event of any theft, loss or damage of any kind to any of my artwork(s). I further agree not to seek legal remedies which may be available to me against the Wurtsboro Art Alliance or any of its members in the event of any such damage to my artwork(s). I have been made fully aware and I understand that the Wurtsboro Art Alliance has no insurance which covers theft or damage to my artwork(s), and that the Wurtsboro Art Alliance is not responsible for the theft, loss or damage of any artwork or personal property.

I understand that acceptance of my membership is contingent on signing this waiver. (Members under 18 must have a parent or guardian co-sign on their behalf.)

PRESS RELEASE: I hereby give permission to the Wurtsboro Art Alliance to use images of my work for press releases, advertising and other promotional material.

Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____
(if applicant is under 18)

Please print, sign and date this form and mail it with a check for the appropriate amount made out to "Wurtsboro Art Alliance"
P.O. Box 477, Wurtsboro, NY 12790

Canceled check will be proof of membership.

For Admin Only - Do Not Write Below This Line

Date Received: _____ Amount: _____ Admin Initials: _____