



**Inside Out Accessible Art Cooperative**  
**200 W. Monroe, Box 7, Suite 102**  
**Bloomington, IL 61701**

**309-838-2160**  
**insideoutart318@gmail.com**

## Cooperative Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street)

(City)

(Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Art Medium: \_\_\_\_\_

### *Type of Membership Desired:*

\_\_\_\_\_ Gallery Artist (\$50 membership fee, + \$50 monthly rent - 3 month commitment)

\_\_\_\_\_ Boutique Artist (\$50 membership fee, + \$25 monthly rent - 3 month commitment)

\_\_\_\_\_ Supporting Member - Artist (\$50 annually)

\_\_\_\_\_ Supporting Member - Patron (\$50 annually): please check one of the following -

Gallery: \_\_\_\_\_ Business: \_\_\_\_\_ Non-Profit Organization: \_\_\_\_\_ Individual/Family: \_\_\_\_\_

### *I am also interested in the following:*

\_\_\_\_\_ Working in the gallery. When are you available: \_\_\_\_\_

\_\_\_\_\_ Taking classes/workshops. Please describe: \_\_\_\_\_

\_\_\_\_\_ Teaching classes/leading art activities. Please describe: \_\_\_\_\_

\_\_\_\_\_ Assisting with marketing

\_\_\_\_\_ Assisting with blog, newsletter development, etc.

\_\_\_\_\_ Open studio times with others

\_\_\_\_\_ Renting studio space

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Other: \_\_\_\_\_