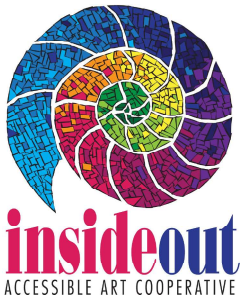

Inside Out Accessible Art Cooperative
200 W. Monroe, Box 7, Suite 102
Bloomington, IL 61701

309-838-2160
insideoutart318@gmail.com / www.insideoutcoop.org

- Membership Application -

Name: _____ Date: _____

Mailing Address:_____

(Street) (City) (Zip Code)

Phone: _____ Email: _____

Website: _____ Juried Art Medium(s): _____

Type of Membership Desired:

___ Gallery Artist ($50 Membership Fee + $50 Monthly Rent - 3 Month Commitment)

___ Supporting Member - Artist ($50 Annually)

___ Art Enthusiast ($50 Minimum Donation Annually)

Gallery: _____ Business: _____ Non-Profit Organization: _____ Individual/Family: _____

___ I'm interested in setting up a monthly donation: $20 ___ $25 ___ $50 ___ $ other ___

I am also interested in the following:

___ Working in the gallery. When are you available? _____
___ Taking classes/workshops. Please describe: _____
___ Having personal art on IOAA social media platforms: ____ Yes ____ No
___ Teaching classes/leading art activities. Please describe: _____
___ Assisting with marketing (newsletter, Facebook, Instagram, Website, agency development)

Open studio times with others
___ Renting studio space
___ Fundraising
___ Other, please note:_____