



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)

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

_____ Online Artist (\$50 membership fee, + \$15 monthly rent - 6 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'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: _____

(5/2022)