



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)

_____ Student 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 (blog, newsletter, Facebook, Instagram, agency development)

___ Open studio times with others

___ Renting studio space

___ Fundraising

___ Other: _____