

Ebb Tide Gallery of Gifts Art Co-op

7809 Pioneer Way, Gig Harbor, WA 98335

www.ebbtideartgallery.com (253) 851-5293

Application for Membership

Date: _____

Applicant Name: _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

Website: _____

Washington State Business Identification No.: _____

Medium: _____

Description of Product(s): _____

Product price range: \$ _____ to \$ _____

Personal References:

1. _____ Phone# _____
2. _____ Phone# _____

Read the Membership Requirements, Membership Contract and Gallery Policies and Procedures before submitting your application. If available attach resume with this application.

All contracts are for a period of twelve (12) months with first and last months rent being due on acceptance.

For Gallery Use Only

Resume included

Application Fee

Accepted

Not accepted

Check # _____

Membership Starting Date _____