

Ebb Tide Gallery Artist Cooperative
7809 Pioneer Way, Gig Harbor, WA 98335
Ebbtideart.com 253-851-5293

Application for Membership

Date _____

Applicant Name _____

Address _____

Phone _____

Email address _____

Website _____

Washington State Business Identification Number _____

Medium _____

Description of Product(s)

Product Price Range \$_____ to \$_____

Personal References

1. _____ Phone Number _____

2. _____ Phone Number _____

Read the membership requirements, membership contract, and Gallery Policies and Procedures before submitting your application. If available, include your resume with this application. All contracts are for a period of twelve (12) months, with the first and last month's rent being due upon acceptance.

For Gallery Use Only

____Accepted ____Not Accepted