

PASSAGEWAY GALLERY
MEMBERSHIP APPLICATION
Revised October 2010

NAME _____

MEDIA(UM) OR ART FORM _____

ADDRESS _____

PHONE _____

CELL PHONE _____

EMAIL _____

WEBSITE _____

PROFESSIONAL DATA:

1. Previous gallery experience? Where?

2. Are you currently displaying artwork? Where?

3. Are you employed? ___No ___Yes ___Full Time ___Part Time

4. Do you have any previous retail experience? Particularly with charge cards and/or bank deposits?

5. Are you currently affiliated with any gallery and/or art organizations?

6. Do you do commission work? _____

GALLERY NEEDS:

1. The Passageway is a cooperative gallery. What are your expectations from the gallery?

2. Each member is required to serve on a committee. Circle your special interests and/or add others:

Membership Publicity Finance Display Newsletter Maintenance Work Scheduling
Historian Website Others: _____

3. Members must work about 2-3 shifts per month, serve on a committee, and attend gallery events. Does your schedule permit this?

Why/why not? _____

4. Have you read the information Sheet and understand the criteria as an applicant? ___Yes ___No

I understand the requirements of membership and I am willing to fulfill them as a member of Passageway Gallery.

Date

Applicant's Signature