

SANDPIPER ART GALLERY MEMBERSHIP APPLICATION

NAME _____ DATE: ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

____ I AM AN ARTIST WORKING IN (medium) _____

____ I AM NOT AN ARTIST BUT WISH TO PARTICIPATE/SUPPORT THE SANDPIPER

Annual Membership Level: (CHOOSE ONE)

____ ACTIVE SINGLE \$50.00: (Must work/attend the Gallery 8 Days per Year).

____ ACTIVE COUPLE \$75.00: (Must work/attend the Gallery 12 Days per Year).

____ ASSOCIATE SINGLE \$100.00: (Must work/attend the Gallery 4 Days per Year).

____ ASSOCIATE COUPLE \$150.00: (Must work/attend the Gallery 6 Days per Year).

____ STUDENT \$20.00: (Must be actively enrolled) _____

(Name of School)

____ PATRON \$ _____: (\$100.00 minimum donation encouraged).

____ I am a Full Time Resident and am available to work/attend the Gallery year round.

____ I am NOT a Full Time Resident and am only available to work/attend the Gallery

(Months or Times Available to Work/Attend)

I have read the SAG Membership benefits and Responsibilities and by signing below agree to fulfill my Attendant Work Commitment for the Membership Level I have selected.

SIGNED _____ Date ____/____/____

*****FOR OFFICE USE ONLY*****

____ Dues Paid ____ Membership Level Amount ____ Employee in POS ____ Consigner in POS

____ Vendor in QB ____ Membership Contacts ____ Attendance Roster ____ Consignment Agreement

____ Webpage