



8197 Main St.
Ellicott City, MD 21043

Date _____

The Gallery is currently taking names and information for future Gallery membership opportunities. When an opening occurs, we will contact you with further information about the selection process. Please complete this form and email it along with 5-7 examples of your work to **membership@artistsgalleryec.com**.

Name _____

Phone Number _____

Address _____

Email _____

Web Site _____

Please tell us a little about yourself.

1. In what medium do you work? If more than one, please list in preferred order.
2. Are you currently producing new work?
3. Do you have a body of work ready for selling and/or exhibiting?
4. Have you exhibited your work before? Where?
5. Social Media/Awards – Please list all of your social media accounts and awards

Media		Awards	
Facebook	_____		_____
Instagram	_____		_____
Twitter	_____		_____
Other	_____		_____

6. How did you find out about the Gallery?

The gallery requires a ONE-year membership commitment, which includes:

1. Annual dues cost of \$660
2. Contribute 6 to 9 hours monthly to operation of the Gallery
3. Committee assignment (such as receptions, publicity, hanging, etc.)
4. For each new show, the artist will provide at least one piece of original artwork that has not been shown in the gallery within the previous 12 months.
5. Present all work ready to hang and meeting professional standards

THESE REQUIREMENTS ARE SUBJECT TO CHANGE Are you able to meet these requirements?