

## **Application for Artist Membership**

Your Name:			Date:	
Mailing Address:			Cell Phone:	
Email Address:			Landline:	
What is your primary and/or secondary art medium?				
Have you shown and/or sold your artwork previously? (If so, where/when?) Any awards or recognition for your artwork?				
Please desc artwork(s). (W we likely to see to view you	hat would if we were			
If you were to assign a "ballpark" price for your artworks, what would the range be? (Describe)				
Are you able and to commit on two hale working in the each month explain any contract might pre	ne day (or f-days) to ne gallery n? (Please lifficulties			
classes in th this someth	eir primary ing you mig	ncouraged to offer occasional or secondary art medium. Is ght be willing or excited to do? as you might have for classes.		
How did you hear or learn about Hemlock Studio Gallery?				Signature

Please return this application (along with the \$25 application fee) to Hemlock Studio Gallery by mail (PO Box 744 | Demorest, GA 30535), as an email attachment (<a href="https://hemlockstudiogallery@gmail.com">hemlockstudiogallery@gmail.com</a>; write "APPLICATION" in subject line), or drop off at the gallery (in an envelope addressed to Gallery Committee). Thanks.