

ARTLANDISH GALLERY ARTIST APPLICATION

Please return to Gallery staff: Date of application _____

Gallery Staff/Volunteer taking application: _____

Name of applicant artist: _____

Address: _____

City & State & Zip: _____

Phone #: _____

Cell #: _____ Other Phone #: _____

E-mail: _____

Medium and/or type of art/craft:

Check all that apply for preferred type of display space: _____ Shelves _____ wall space
_____ Combination of hanging and shelves _____ Jewelry space _____ not sure

Date to begin as an Artlandish Artist: _____

How long do you plan on being an Artlandish Artist (just a guess*)? _____ Holiday Season Only
_____ Possibly 6 months to 1 year _____ Permanent I hope _____ No idea- month to month

**Artlandish policy is artists may leave the gallery with one month's notice.

Signature of Artist: _____ Date: _____

For office use only: Artist Identification # _____

Date booth rent to begin: _____

Booth Rent: \$ _____ Scheduled? Y N Shifts per month: _____

Authorized Artlandish Staff: _____ Date: _____
