

NOB HILL GALLERY

7400 Montgomery Blvd, NE

ALBUQUERQUE, NM 87110

(505) 268-9969

nobhillartgallery.com

APPLICATION FOR MEMBERSHIP

(Please Type or Print All Information Clearly)

NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

EMPLOYMENT _____

HOME PHONE _____ WORK PHONE _____

FAX NUMBER _____ E-MAIL ADDRESS _____

LIST MEDIA IN WHICH YOU WORK AND PRIORITIZE WHAT YOU WISH TO EXHIBIT _____

PRICE RANGE OF YOUR WORK AT PRESENT _____

WHO REFERRED YOU TO US? _____

CURRENT OR RECENT AFFILIATIONS WITH GALLERIES, MUSEUMS, SHOWS, ARTS ORGANIZATIONS, PUBLICATIONS, ETC. (Please list no more than five and be specific as possible.)

EXPERIENCE WITH OTHER COOPERATIVE BUSINESS VENTURES?

(Please explain) _____

DO YOU HAVE OTHER COMMITMENTS AND OR PHYSICAL LIMITATIONS THAT WOULD RESTRICT GALLERY PARTICIPATION? If so, please explain. (This would not disqualify you from membership. However, members are required to sit the gallery four times a month in 3 hour sessions, attend monthly meetings on the second Monday at 6:00 PM at the gallery, attend openings, serve on a committee, participate in curating, and help with physical maintenance of the gallery.)

PLEASE GIVE A SHORT STATEMENT ABOUT WHY YOU'D LIKE TO BE A MEMBER

A COPY OF THIS APPLICATION SHOULD ACCOMPANY YOUR SUBMISSIONS FOR JURYING. You can submit up to 3 pieces of gallery-ready artwork in each medium and include with the application slides, photos, brochures, or other concise promotional material. We would like you to be present at the beginning of our meeting to present your work. Please include a stamped, self-addressed envelope for notification after jurying.

Every precaution will be taken to ensure the safety of your artwork, but the Nob Hill Gallery cannot be responsible for loss or damage to work you leave with us. Please sign below to confirm your understanding of this agreement.

List Two References: Name and contact information.

SIGNATURE _____ **DATE** _____

For more information, please call: Jerry Love 280-3481