



## Art Gallery Membership Application

P.O. Box 382, Harwichport, MA 02646

Date \_\_\_\_\_

Name of applicant \_\_\_\_\_

Address. \_\_\_\_\_

Email address (required) \_\_\_\_\_

Telephone (required) \_\_\_\_\_

The Gallery is a cooperative of 24 artist members of the Guild of Harwich Artists. Are you a current artist member, in good standing, of the Guild of Harwich Artists?

Yes  NO

Please tell us about your art background and the Type of work that you create.

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Attach three examples of your work for the initial review. Examples should be original work created within the last three years without guided instruction. Should the jury committee choose to continue the

