



HIGH COUNTRY ART ASSOCIATION
P.O. BOX 802, Pinetop, AZ 85935 - www.highcountryartgallery.com
Highcountryartgallery@gmail.com

MEMBERSHIP APPLICATION

Membership; January 1, through December 31
Fill in entire Membership application before submitting

New Member must be 18 or older, if exhibiting, must submit 3 samples of art to be juried, and a biography with application, become adequately trained, by attending training sessions, and will staff the gallery at least 1 full day each month that his/her work is displayed, or as often as is necessary. It is agreed that the Association will display qualified art work of Exhibiting Member at the High Country Gallery and retain twenty five percent (25%) of the retail price of any work sold from the gallery and that Exhibitor has read the gallery rules and will abide by them. The Association will take all reasonable precautions to protect the member's work, but Exhibitor will not hold the Association responsible for damage or loss.

The member understands that the Arts & Craft Festivals are the sole means of fundraising that allows us to have a gallery, promote the arts and give scholarships. **All exhibiting members are required to help with the festivals. Plan to work a minimum of 8 hours during each festival. Additionally each member will be assigned to a committee to support the operation of the gallery.**

I will donate a piece of art for the Silent Auction: Yes _____ No _____ (donations not required but gratefully accepted)

Dues are payable by April 15th Or upon Joining

General Membership: _____ (\$50.00 per year) Wish to Exhibit Yes _____ No _____

Associate Member: _____ (\$100.00.) Limited display of work, does not sit gallery, no member benefits

Name _____ Spouse _____

W. Mtn. Mailing Address _____ City _____ Zip _____

Phone () _____ Cell Phone _____ Media _____

Newsletter will be e-mailed to you unless otherwise requested. e-mail _____

Winter contact information (if different from above):

Mailing Address _____ City _____ Zip _____

Phone () _____ e-mail _____

If you prefer mail to go to one address, please * the preferred address. This will be for mail only.

Signature: _____ Date: _____