

PENSACOLA ARTISTS, INC.

DBA

Quayside Art Gallery

Screening for Artist Membership: Fill out the attached card and leave it with the front desk staffer. Retain this sheet to fill out at your convenience. As an Artist Member applicant you must live within 60 miles of Pensacola. The Screening Director will contact you to set up a time to submit your art for screening.

The Screening Director will notify you by letter of the Screening Committee's recommendation. Please allow at least 30 days for the screening process. If the Screening Committee does not approve your work, you may reapply for screening after 6 months and are entitled to a written critique upon request. Listed below are the requirements for Artist Membership.

- I agree to pay the one-time nonrefundable \$25 screening fee, collected when my "New Artist Membership Screening Application" (this sheet) and art work are left at the gallery for screening.
- All possible care will be taken to protect your artwork, however, P.A.I. and Quayside Art Gallery assume no liability for damages or loss. Any work left unclaimed at Quayside Art Gallery for more than 90 days will become the property of Quayside Art Gallery.
- I understand that if approved by the Screening Committee for Artist Membership, I will be required to work the front desk at Quayside Art Gallery one half a day each week (3 ½ hours) or one full day (7 hours) every other week.
- I agree to participate in at least four (4) additional activities outside of normal business hours each year that promote the Gallery such as DADA Night, Member Shows, Pensacola Fair Fine Arts Show, etc. and will attend at least three (3) of the six (6) membership meetings during the year.
- I agree to pay annual dues of \$55, payable July 1 each year. Initially, this fee will be prorated base on the month in which I joined. Additionally, when assigned a display space, I agree to pay the monthly display fee which is due the 1st of each month.
- I certify the artwork I have submitted for screening is entirely original, having been conceived and executed solely by me and is representative of the work I am currently doing. If accepted as an Artist Member, I will display only work which is original (not copied from any published work except my own) and only in the medium for which I have been approved.

I acknowledge that I have read, understand and agree to all of the above listed requirements.

Artist Printed Name

Artist Signature

Street and City Address

State

Zip Code

(_____)_____
Area Code

Phone Number

Approved Medium: _____ **Disapproved Medium:** _____

Gallery Director: _____ **Date:** _____ **Screening Fee Paid:** _____

New Artist Membership Screening Application

Submit three (3) original pieces of work in the category and medium you wish to have screened. Once accepted as an Artist Member you may request screening in additional categories and or mediums at no cost to you. Artists work submitted for screening must be ready for display in a professional manner. The following are unacceptable for screening:

1. Work from molds, unless the artist applicant created the mold.
2. Work created totally or in part from kits.
3. Framed work with saw tooth hangers.
4. Unframed art (**NOTE: Artwork on Gallery Wrap Canvas will be accepted**)
5. Reproductions of your work.

Check off the category for which you are being screened and write in the medium or process you used under that category, if required. If your artwork is not listed under any of the 2D or 3D categories below then write in your category and the medium, material or process you used in the section provided.

2D CATEGORIES

Painting

Medium: _____

Graphics

Medium: _____

Print Making

Medium: _____

Photography

Medium: _____

Collage

3D CATEGORIES

Pottery

Medium: _____

Glass

Medium: _____

Wood

Process: _____

Sculpture

Medium: _____

Basketry

Medium: _____

Fiber

Medium: _____

Jewelry

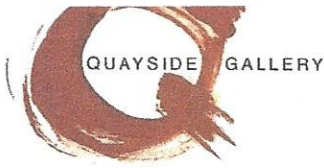
Any material

3D Collage

OTHER CATEGORY - NOT LISTED

OTHER CATEGORY:

Medium:



Artist Membership Screening Application

(Please Print)

Medium you wish to have screened: _____

Name: _____

Address: _____

City, State: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Our Screening Director will contact you to set up an interview, complete your application, and accept your art work for screening. There is non-refundable \$25 Screening Fee to be paid at the time of this meeting. To be a displaying artist, you must live within a 60 mile radius of Quayside Art Gallery. If you have any questions please call Quayside Art Gallery at (850) 438-2363

Applicants Signature: _____ Date: _____

Desk Workers (Full Name): _____
