



P.O. Box 477, Wurtsboro, NY 12790
www.waagallery.org

2022 MEMBERSHIP APPLICATION

Artist Patron Benefactor

Dues: \$35.00 Single
 \$45.00 Family (please list all members)
 \$25.00 Student (under 18 must have guardian countersign)

Donation: \$ _____

Please print

Name:

Mailing Address:	LAST	FIRST M.I.

Phone: _____ Email: _____

Medium: _____ Website: _____

PLEASE CHECK IF SEASONAL RESIDENT

Brief description of work:

Members may submit a 1-2 page bio to be put in the WAA Bio binder in the gallery.

Regular Meetings are held monthly at the gallery at 73 Sullivan Street. We encourage members to attend and participate in maintaining and supporting the Art Alliance so that we may continue to survive and thrive. Our mission is to encourage and further develop visual art activities in the community with the emphasis on drawing, painting, ceramics, sculpture and photography. Our goal is to provide an outlet for the beginner and professional artist alike to present their work to the public and make the world a more beautiful place. The WAA reserves the right to limit participation in exhibits to the works of artist members only

We need your help on the following committees. Please sign up at a general meeting or by contacting the committee chair. Information about committee responsibilities, chairpersons, and sign-up sheets can also be found at the desk in the gallery.

COMMITTEES:

HOSTING EDUCATION (CLASSES) GRANTS RECEPTION
PUBLICITY/ADVERTISING GALLERY MAINTENANCE
EVENT PLANNING

Exhibiting members are expected to host during coverage hours one day per month.

Coverage hours are Saturdays and Sundays from 12-4pm. Special events and receptions may extend the hours. Artists are to sign up in the Gallery Coverage book on the gallery desk when they drop off work for the upcoming show. Work will not be hung if the hosting appointment is not made or made and unfulfilled.

Indemnification Agreement:

I _____,

Residing at _____

Hereby agree to indemnify and hold harmless the Wurtsboro Art Alliance and/or any member thereof, in the event of any theft, loss or damage of any kind to any of my art- work(s). I further agree not to seek legal remedies which may be available to me against the Wurtsboro Art Alliance or any of its members in the event of any such damage to my artwork(s). I have been made fully aware and I understand that the Wurtsboro Art Alliance has no insurance which covers theft or damage to my artwork(s), and that the Wurtsboro Art Alliance is not responsible for the theft, loss or damage of any artwork or personal property.

I understand that acceptance of my membership is contingent on signing this waiver. (Members under 18 must have a parent or guardian countersign on their behalf.)

Press Release: I hereby give permission to the Wurtsboro Art Alliance to use images of my work for press releases, advertising and other promotional material.

Signed: _____ Date: _____

Canceled check will be proof of membership. Please be sure to print, sign and date this form and send it included with a check for the appropriate amount to: Wurtsboro Art Alliance and mailed to P.O. Box 477, Wurtsboro, NY 12790