

# MEMBERSHIP

# 2009



Art Classes, Workshops, Gallery & Gift Shop 500 Main Street, Springfield, OR 97477

Ph: (541) 726-8595 Fx: (541) 726-2954 Website: [www.EmeraldArtCenter.org](http://www.EmeraldArtCenter.org) E-mail: [admin@emeraldartcenter.net](mailto:admin@emeraldartcenter.net)

Membership Category
Receipt #
Date

*Belonging to the Emerald Empire Art Association gives the artist an opportunity to display and perhaps sell his or her art in various venues, the chance to improve artistic talents through association with other artists, and advanced knowledge of sponsored classes and workshops. EEA is a non-profit organization. It is therefore imperative that all members participate in the operation of the Gallery and activities of the Association.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Art Medium(s): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Former Occupation: \_\_\_\_\_

## Membership Dues

<input type="checkbox"/> Participating Membership:	<b>\$75.00</b> (\$60 if received by January 31, 2009)
<input type="checkbox"/> Participating Membership w/non artist spouse:	<b>\$90.00</b> (\$75 if received by January 31, 2009)
<input type="checkbox"/> Associate Membership:	<b>\$175.00</b> (\$150 if received by January 31, 2009)
<input type="checkbox"/> Associate Membership w/non artist spouse:	<b>\$190.00</b> (\$175 if received by January 31, 2009)
<input type="checkbox"/> Student Membership:	<b>\$25.00</b> (Middle School/High School/College)

*As a **Participating member**, I agree to assist 5 hours minimum per month toward the operations of the Gallery **or** actively participate on one of the committees within the organization.*

Initial \_\_\_\_\_

*As an **Associate member**, I will not be obligated to assist with the operation of the Gallery. I may, however, work on specific projects or committees if I choose to.*

Initial \_\_\_\_\_

**I would like to become a member and need assistance with joining. Enclosed is my proof of need** (copy of one of the following documents: **Oregon Trails Card, Medicaid Card, Oregon Medical Assistance Plan Statement, or Oregon Health Plan Statement.**) **Benefiting from this category is subject to funds available from donating sponsors.**

*No refunds are given on paid memberships*

### I am interested in assisting on the following committee(s):

- |                                                          |                                         |                                                                 |
|----------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Adult Class Committee           | <input type="checkbox"/> Teach a Class  | <input type="checkbox"/> Assist with a Class                    |
| <input type="checkbox"/> Workshop Committee              | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> TEACH Arts Children's Outreach Program |
| <input type="checkbox"/> Gallery Housekeeping            | <input type="checkbox"/> Fund Raising   | <input type="checkbox"/> Telephoning                            |
| <input type="checkbox"/> Monthly Membership Meetings     | <input type="checkbox"/> Gift Shop      | <input type="checkbox"/> Grant Writing                          |
| <input type="checkbox"/> Socials & Artist Receptions     | <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Greeter                                |
| <input type="checkbox"/> Marketing & Publicity           |                                         | <input type="checkbox"/> Office Work/Data Entry                 |
| <input type="checkbox"/> Other Talents and Skills: _____ |                                         | <input type="checkbox"/> Seasonal Events                        |
|                                                          |                                         | <input type="checkbox"/> Hospitality Monthly Meetings           |

**Please also consider contributing to Emerald Empire Art Association through one or more of the Sponsor or Donor opportunities offered on the "Ways to Contribute" attachment. Your additional support would be greatly appreciated**

## HOLD HARMLESS AGREEMENT

You **MUST** sign this agreement in order to display your work in the Emerald Art Center gallery.

\_\_\_\_\_  
Signature

(Artist) Agrees to hold harmless. EMERALD EMPIRE  
ART ASSOCIATION (EEAA), its members and  
agents from any and all claims arising out of the  
use of EEAA Inc. facilities

**LIABILITY:** EEAA will not be responsible for the loss or damage to any work submitted to the Emerald Art Center. The City of Springfield, owners of the property, Emerald Empire Art Association, or directors will be held harmless of damage or loss of artwork while on the premises. Artists will display work at their own risk. It is suggested that artists carry their own insurance. Submitting work to the Emerald Art Center shall imply an agreement on the part of the artist to the conditions set forth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Artist) Agrees that this artwork may be photographed for publicity purposes only. Artist retains copyright.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ADDITIONAL MEMBER INFORMATION

Business Phone \_\_\_\_\_ I may be called at work:      Yes      No

Art Medium(s): \_\_\_\_\_

Experience with Teaching Art Classes (list type): \_\_\_\_\_

Yes, please refer my name to organizations and/or guests asking for art teachers

Past Leadership Positions: (such as community services, volunteer work, paid positions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies, Special Interests, Goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Disabilities or Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please also consider contributing to Emerald Empire Art Association through one or more of the **Sponsor** or **Donor** opportunities offered on the "Ways to Contribute" attachment. Your additional support would be greatly appreciated

# Ways to Contribute!

Earmark your Tax Deductible Donation and  
channel your dollars to the program that  
most *Excites YOU!*

## MEMBERSHIP

- Artist Memberships

I wish to sponsor an Artist **Membership**. Please find an additional Fill in Amount: \_\_\_\_\_ (suggested \$35—\$75) to be applied toward the cost of membership for an artist showing proof of need. **NEW!**

## SPRINGFIELD MAYOR'S ART SHOW

- Title Sponsor \$2,000
- Various Awards \$50—\$500 Fill in Amount: \_\_\_\_\_

## EMERALD SPRING PAINTING COMPETITION: NATIONAL JURIED SHOW

- Various Awards and Sponsorship \$100—\$2,000 Fill in Amount: \_\_\_\_\_

## WORKSHOPS

- Sponsor a Visiting Artist \$2,000  
(helps pay instructor's travel, hotel stay, meals, and instructor's fee.  
And enjoy an "evening out" with our celebrity visiting artist and workshop facilitators) **NEW!**
- Student **Scholarship**. I wish to sponsor an artist showing proof of need to attend an Emerald Art Center Workshop. Fill in Amount: \_\_\_\_\_ (suggested: \$400) to be applied toward the cost of a workshop. **NEW!**

## TEACH ARTS CHILDREN'S OUTREACH PROGRAM

- Program Sponsor \$1,000—\$2,500 Fill in Amount: \_\_\_\_\_  
I wish to support the overall success of all outreach programs including collaborations with Willamette Family Clinic, ESD Family Migrant Worker Summer School Program, Springfield Family Resource Center, Boy's and Girl's Club, and projects that focus on at risk youth and low income. **NEW!**
- Event Sponsor \$100—\$500 Fill in Amount: \_\_\_\_\_  
I wish to support one or more of the following:
  - Children's Art Booth at Mary Cole Day in Marcola **NEW!**
  - Children's Art Contest at Martin Luther King Celebration Day in Springfield **NEW!**
  - Free Children's Festival at Island Park in Springfield
  - Family Art Sundays at Emerald Art Center in Springfield
  - Student Scholarship Fund \$50—\$500 Fill in Amount: \_\_\_\_\_
- GENERAL DONATION—USE WHERE NEEDED MOST!:

Fill in Amount: \_\_\_\_\_

List In-Kind Support: \_\_\_\_\_

If you have any questions or would like to discuss "Ways to Contribute,"  
please telephone Cheryl Leontina at 541-726-8595  
Emerald Art Center, 500 Main Street, Springfield, Oregon 97477  
(a nonprofit 501(C)3 organization)