

# MEMBERSHIP

# 2010



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. EEAA 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

- Participating Membership: **\$75.00** (\$60 if received by January 31)
- Participating Membership w/non artist spouse: **\$90.00** (\$75 if received by January 31)

Initial *As a **Participating member**, I agree to assist 5 hours minimum per month toward the operations of the Gallery (including participating on a committee)... If I miss my volunteering, I will compensate the gallery \$10 per month for any missed months.*

- Associate Membership: **\$175.00** (\$150 if received by January 31)
- Associate Membership w/non artist spouse: **\$190.00** (\$175 if received by January 31)
- Student Membership: **\$25.00** (Middle School/High School/College)

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.*

**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.

**I would like to Sponsor a Starving Artist Membership.** Enclosed is my donation (fill in amount) \_\_\_\_\_.

*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"/> Greeter                                |
| <input type="checkbox"/> Socials & Artist Receptions     | <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Seasonal Events                        |
| <input type="checkbox"/> Marketing & Publicity           |   | <input type="checkbox"/> Grant Writing                          |
| <input type="checkbox"/> Other Talents and Skills: _____ |   | <input type="checkbox"/> Office Work/Data Entry                 |
|  |   | <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" form. Your additional support would be greatly appreciated**

# HOLD HARMLESS AGREEMENT

\_\_\_\_\_  
Signature

(Artist) *Sign this agreement showing that you understand your rights when displaying your work in the Emerald Art Center gallery.*

## LIABILITY

Reasonable care will be taken of your works of art while it is in the possession of the Emerald Art Center. The Emerald Empire Art Association is responsible for your works of art only while in our possession, and not while in transit (either by you or your designee, or shipped to or from us). Emerald Art Center is not responsible for your works of art while at sites not on Emerald Art Center premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## ADDITIONAL MEMBER INFORMATION

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

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: \_\_\_\_\_

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