

**SANDPIPER ART GALLERY
2023 MEMBERSHIP APPLICATION**

NAME _____ DATE: ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

____ I AM AN ARTIST WORKING IN (medium) _____

Annual Membership Level: (CHOOSE ONE)

____ **ACTIVE SINGLE \$50.00: (Must work/attend the Gallery 9 Days per Year).**

____ **ACTIVE COUPLE \$75.00: (Must work/attend the Gallery 13 Days per Year).**

____ **ASSOCIATE SINGLE \$100.00: (Must work/attend the Gallery 5 Days per Year).**

____ **ASSOCIATE COUPLE \$150.00: (Must work/attend the Gallery 7 Days per Year).**

____ **PATRON \$100.00.**

____ **STUDENT \$20.00: (Must be actively enrolled)** _____

(Name of School)

WHEN ARE YOU AVAILABLE TO VOLUNTEER??

____ **I am a Full Time Resident and am available to work/attend the Gallery year round.**

____ **I am NOT a Full Time Resident and am only available to work/attend the Gallery
(Months or Times Available you're able to Volunteer or Attend)**

**I have read the SAG Membership Responsibilities and by signing below agree to fulfill my
Volunteer Work Commitment for the Membership Level I have selected.**

SIGNED _____ Date ____/____/____