



# SANDPIPER ART GALLERY & GIFTS 2024 MEMBERSHIP APPLICATION

NAME	DATE
ADDRESS	
CITY	ZIP
HOME PHONE	CELL PHONE
EMAIL	

I am an artist working in (medium)\_\_\_\_\_

I am not an artist but wish to participate and support the Sandpiper Art Gallery & Gifts.

### 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      (Not required to work in Gallery)
- Student \$20.00      Must be actively enrolled. Name of School:\_\_\_\_\_

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 to Work/Attend)

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

SIGNED \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

- Dues Paid       Membership Level Amount       Employee in POS       Consigner in POS
- Vendor in QB       Membership Contacts       Consignment Agreement
- Web Page       Attendance Roster