



valley-artisans-market

25 EAST MAIN STREET
CAMBRIDGE, NEW YORK 12816
518-677-2765

Application for MEMBERSHIP

Name _____ Medium _____

Home Address _____ Phone _____

Business Name _____ e-mail _____

List work to be juried: Title, brief description including technique.

1	retail \$*
2	retail \$*
3	retail \$*
4	retail \$*
5	retail \$*

*includes the 25% membership commission.

BACKGROUND INFORMATION (use additional sheet or you may attach a resume')
Briefly describe your art career including education, exhibitions, gallery affiliations, influences, etc.

Additional information:

Can your work be put on display in our storefront window (exposed to sun, heat and cold)? *yes*____ *no*____
Will you be available to fulfill the requirements for active membership? *yes*____ *no*____

**Scheduling is done quarterly. You will be asked for availability prior to scheduling for the upcoming 3-month period.