

Gallery 'N' Gifts Membership Form



SPONSORED BY:
TEHACHAPI VALLEY ART ASSOCIATION, INC.
100 WEST TEHACHAPI BOULEVARD
TEHACHAPI, CALIFORNIA 93561 (661) 822-6062

Please fill out this two-page form and bring it to the TVAA Board of Directors meeting, held on the second Monday of each month at 10am at Visions studio located at 20733 South Street - next to Integrity Glass. Also bring along at least three examples of your work. Each item should be priced, taking into consideration the amount of commission and rent you will be paying.

All items are juried by the Gallery membership and are judged on originality, quality of workmanship, non-duplication of items already in the Gallery, and sales potential (meets current trends and is up to date in styles and colors).

You will be notified of acceptance or rejection as soon as voting by all Gallery members is completed (usually between 3 to 4 weeks). If accepted, you will be required to pay your TVAA membership application dues upon acceptance, attend meetings and participate in TVAA activities. All Gallery members are active TVAA members. You must also pay your first and 13th month Gallery rent (non-refundable) and sign up for your Gallery work days within 2 weeks of acceptance; you must start working your Gallery days within the first month you start exhibiting your work.

Gallery rent is presently set at \$30.00 per month. Commission on sales is based on the number of days worked per month, currently 4 days = 10%; 3 days = 15%; 2 days = 20% These rates are subject to change by a majority vote of the active Gallery membership. (Please refer to the By-Laws for a definition of active member.)

Please initial: _____

NAME _____

ADDRESS _____

CITY AND ZIP CODE _____

PHONE _____ email: _____

Name and number of Emergency contact person: _____

Check one: I HAVE TRANSPORTATION _____
I WILL DEPEND ON OTHERS TO GET TO WORK _____

ARE YOU ABLE TO WORK WEEKENDS? _____

Do you have another job? _____

Don't forget the other side!

Where and when do you work? _____

Prior work experience? _____

Have you ever been convicted of a felony? _____

The Gallery is a co-op, and everyone participates in the maintenance of the facilities. Do you have a medical condition which might affect your ability to do a broad variety of tasks at the gallery? (This will NOT affect your chances of becoming a member) Yes _____ No _____

If Yes, Please briefly explain _____

Offices held in other organizations _____

Personal References (NON-FAMILY) name & phone number

1, _____

2, _____

Description of art or crafts to be exhibited (All items must be at least 60% handcrafted by the exhibitor):

Price Range: _____

If I am accepted I would like to begin exhibiting on: _____

I have read and agree to abide by the TVAA By-Laws and the Gallery N Gifts regulations. (Please initial) _____

TVAA/GALLERY USE ONLY

Date of Application: _____ *Closing Date of Jury Decision:* _____

Accepted _____ *Rejected* _____ *COMMENTS:* _____

Officers: _____ *Notified on:* _____ *by* _____