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 (time)(Place)
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 2 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:
NAMEADDRESS
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?

	Notified on: by
	OMMENTS:
Date of Application:	Closing Date of Jury Decision:
TVAA/ GALLERY USE ONLY	
	ws and the Gallery N Gifts regulations. (Please initial)
If I am accepted I would like to begin exhibiting or	n:
Price Range:	
Description of art or crafts to be exhibited (All item	ns must be at least 60% handcrafted by the exhibitor):
, , , ,	ione number
Personal References (NON-FAMILY) name & ph	
Offices held in other organizations	
	n the maintenance of the facilities. Do you have a medical condition by of tasks at the gallery? (This will NOT affect your chances of
Have you ever been convicted of a felony?	
Prior work experience?	