

Artisan Alliance at Wishing Spring

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **CELL** _____

EMAIL: _____

ART INTEREST: _____

Our Membership enrollment period is January 1-January 31st. Annual Fees are \$25 per person or \$35 per couple annually. If application is presented after July then fees will be \$15 and \$20 for the remainder of year.

Email application to: wishingspringgallerydirector@gmail.com

or mail to: **Artisan Alliance at Wishing Spring**
8862 W. McNelly Rd. Bentonville, Ark 72712

Please respond to the following questions so that we might get to know you and your talents as a new member.

1. Are you currently employed in the arts? _____
2. Would you be interested in teaching an art or craft class? _____
3. If you would like to teach, what is your medium? _____
4. Are you familiar with current software such as Word or Excel? Yes No
5. Have you ever worked a retail shop: _____
6. Would you consider serving in one of our leadership roles or participating on a committee? What are your interests? _____

Our board consists of three board of directors. Our executive committee consists of: President, Vice President, 2nd Vice President, Secretary, Treasurer, Gallery Administrator, Clay Studio Administrator, Scholarship Coordinator, and Marketing Coordinator.

If you have experience with event coordination, advertising, graphic design, bookkeeping, or retail management, we would like to talk to you about board positions for the gallery and alliance.

Signature: _____ Date: _____