



EMERGING ARTIST MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - _____

Email: _____

Please tell us what media you work in, and describe your work briefly:

Please indicate what types of workshops or trainings you would be interested in:

If you are interested in volunteering, please indicate what you might be interested in helping with:

- | | |
|---|---|
| <input type="checkbox"/> wholesale/retail show set up | <input type="checkbox"/> other (please list your ideas below) |
| <input type="checkbox"/> wholesale/retail show breakdown | |
| <input type="checkbox"/> wholesale show reception | |
| <input type="checkbox"/> retail show greeter/tickets | |
| <input type="checkbox"/> booth sitting at shows to allow artisans a break | |
| <input type="checkbox"/> helping distribute flyers | |
| <input type="checkbox"/> professional services | |
| <input type="checkbox"/> clerical services | |