



SANDPIPER ART GALLERY & GIFTS 2024 MEMBERSHIP APPLICATION

NAME	DATE
ADDRESS	
CITY	ZIP
HOME PHONE	CELL PHONE
EMAIL	

I am an artist working in (medium)_____

I am not an artist but wish to participate and support the Sandpiper Art Gallery & Gifts.

ANNUAL MEMBERSHIP LEVEL: (CHOOSE ONE)

- Active Single \$50.00 Must work/attend the Gallery 8 days per year
- Active Couple \$75.00 Must work/attend the Gallery 12 days per year
- Associate Single \$100.00 Must work/attend the Gallery 4 days per year
- Associate Couple \$150.00 Must work/attend the Gallery 6 days per year
- Patron \$100.00 (Not required to work in Gallery)
- Student \$20.00 Must be actively enrolled. Name of School:_____

I am a Full Time Resident and am available to work/attend the Gallery year-round.

I am NOT a Full Time Resident and am only available to work/attend the Gallery

(Months or Times Available to Work/Attend)

I have read the SAG Membership benefits and Responsibilities and by signing below agree to fulfill my Attendant Work Commitment for the Membership Level I have selected.

SIGNED _____ Date ____/____/____

FOR OFFICE USE ONLY

- Dues Paid Membership Level Amount Employee in POS Consigner in POS
- Vendor in QB Membership Contacts Consignment Agreement
- Web Page Attendance Roster