



zea mays
printmaking

320 riverside drive, florence, ma 01062 • 413.584.1783 • www.zeamaysprintmaking.com

Artist Membership Application 2018-19

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

E-Mail Address _____

*Website _____

Emergency Contact: Name _____ Telephone # _____

Relationship to you _____

Membership you are applying for

_____ 12-month Unlimited Membership - (\$175/ month)

_____ 12-month Limited Membership – 16 hr/month- (\$100/month)

_____ 12-month Low Use Membership – 8 hrs/month- (\$60/month)

_____ Supporting Membership – (\$75/year plus daily or weekly fee for studio time)

Printmaking experience

Why do you want to be a member of Zea Mays Printmaking (continue on back)

Printmaking media you are interested in exploring at Zea Mays Printmaking

Do you have any allergies, chemical sensitivities or medical conditions that might affect your involvement in printmaking? If so, explain

Name and contact information of two people who can speak about you as a printmaker/artist:

* If No Website: Please send 10 digital images representative of your prints along with the application, and a SASE for return. Once the application is accepted you will be sent a contract outlining policies and agreements.

The first month's payment will be due with the signed contract



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