



320 Riverside Dr., Florence, MA 01062 413.584.1783 www.zeamaysprintmaking.com

Artist Membership Application 2019-20

Today's Date:

Name

Address

City, State, Zip

Telephone Number

E-mail address

Date of Birth

Emergency Contact: Name

Phone Number

Relation to you

Membership you are applying for

_____ Supporting Member (\$75/year)

_____ Studio Access Member – Unlimited hours (\$175/month)

_____ Studio Access Member – Limited (18 hrs/month @ \$100/month)

_____ Studio Access Member – Low Use (8 hrs/month @ \$60/month)

Please answer the following questions on a separate sheet.

- Do you have any printmaking experience? If so, please describe
- Why do you want to be a member of Zea Mays Printmaking?
- Have you taken any workshops at Zea Mays, if so, which ones and when?
- Which printmaking processes are you interested in exploring at Zea Mays Printmaking?
- Which other printmaking communities you have been a part of?
- Do you have any allergies, chemical sensitivities or medical conditions that might affect your involvement in printmaking? If so, explain
- Name and contact information (email) of two people who can speak about you as a printmaker/artist.

Please send the URL for your website or 10 digital images representative of your prints in an email to liz@zeamaysprintmaking.com, along with the application. Snail mail applications also accepted with images on a thumb drive. Once the application is reviewed you will be notified about acceptance. If your application is accepted you will be sent a contract outlining policies and agreements. The first month's payment will be due with the contract.