

# Kaleva Art Gallery Co-Op Membership Application

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Art Medium: \_\_\_\_\_

Tag ID: \_\_\_\_\_ This should be your initials or brand name exclusive to you only.

I am referred by (not required): \_\_\_\_\_

Please check one:

I wish to be a working member (working a minimum of 4 hours per month). Annual dues \$40. Commissions paid @ 85/15% split.

I wish to be a non-working member.\* Annual dues \$60. Commissions paid @ 65/35% split.

I wish to be a part-year member. 1-6 months: \$30 fee. Part-year memberships are non-working members.\* 65/35% split. Merchandise must be removed when part-year is complete. Please indicate membership months: \_\_\_\_\_

We wish to be working family members (same household). We are responsible for a minimum of 4 hours per person. Dues are \$40 first person and additional people in household are \$20 each. Commissions paid @ 85/15 split.

We wish to be non-working family members (same household). Dues are \$60 first person and \$30 for each additional person. Commissions paid 65/35% split.

I agree to follow the by-laws, procedures, and policies of the Kaleva Art Gallery

\_\_\_\_\_  
Signature

\*non-working members are allowed to occasionally work if they wish. However this does not change the 35% consignment fee.

For Treasurers use only:

Dues Rec'd: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Artist Code: \_\_\_\_\_

Please drop-off application at the Kaleva Art Gallery or send to P.O. Box 243, Kaleva, MI 49645