VACAVILLE
Art League
& Gallery

718 E. Monte Vista Ave., Vacaville, CA 95688 707-448-8712
website: www.vacavilleartgallery.com email: vacavilleartgallery@castles.com

MEMBERSHIP APPLICATION/RENEWAL

ANNUAL DUES: CHECKS PAYABLE TO VACAVILLE ART LEAGUE

$30____Non-exhibiting membership $60____Exhibiting membership
$30____Gift Shop membership $75____ Family membership**
$30____Young Adult (14-25)* $100____Patron membership
$500____Lifetime membership

DATE_____

The Fiscal Year is from July 1st to June 30th- Please re-new at this time. Only new members will be pro-rated. ("New", meaning one has never before been a member of VAL). If you renew late, the full year's rate is still due. Exhibiting member dues are NOT tax deductible. If you no longer wish to be a member, please contact VAL in writing.

NAME_____ PHONE_____

ADDRESS_____

CITY_____ZIP CODE_____

E-MAIL_____

May we use your # & e-mail for our directory? _____
I give my permission to use photos of my artwork on the gallery website, newsletter or other VAL publications: yes ____no____
MEDIA_____

*All work will be subject to screening prior to hanging.

Please mark any areas you would be interested in volunteering.

___newsletter ___art shows ___mailings ___Annual Juried Show ___publicity ___fundraising
___receptions ___programs (demos, workshops, classes, tours) ___telephoning ___public relations

EXHIBITING MEMBERS ONLY:
Agreement/Disclaimer on artwork: As a member of the Vacaville Art League, I understand that the Vacaville Art League will not be liable for theft, loss or damage which may occur to my work while displayed at the gallery, stored at the gallery, or exhibited at any league sponsored event or activity outside the gallery. I understand that the Vacaville Art League does not carry any insurance that covers my artwork.
Insurance coverage desired on my work will be my sole responsibility.

SIGNATURE_____
Parent or Guardian if applicant is under 18

*Young adults under the age of 18 must have application signed by their parent or guardian.
**Family membership includes spouse and/or children residing at the same address under 25. Fill out an application for each family member. Additional forms may be downloaded from our website.

OFFICE USE ONLY:
Welcome Mailed/e-mailed ____Fiscal Year: _____ Renewal_____ New_____
Paid $_____ Cash____ Check #_____ Receipt#_____