



The Artist Registry Renewal

Date: _____

Artist Information (please print clearly)

Are you an Artist Member of Arts Longmont? if not please include an Artist Membership with your Artist Registry application.

Last Name

First Name

Business Name (if applicable)

Address

City

Zip

Best phone #

Email

Check and initial one of the following options. Include payment for the option you have chosen with your application:

I choose the **\$30 membership fee**; with no work commitment.

____(initial)

I choose the **\$15 membership fee** and agree to a **6-hour work commitment**.

____(initial)

Payment by check payable to Arts Longmont – please write AR on memo line

Payment by credit card (please call 303 678-7869).

Payment online via Paypal at artslongmont.org/Longmont-artists-membership

Mail to: Arts Longmont

PO Box 208, Longmont, CO 80502

Or you may hand deliver your application to the Muse Gallery at 356 Main Street in downtown Longmont, Tuesday – Friday 11am – 5pm.

For questions regarding the Artist Registry, Contact the Program Assistant, Pris Walker at 303 678-7869 or programs@artslongmont.org.