



The Artist Registry Application

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*

Artistic Disciplines

Visual Arts. Indicate up to three disciplines that describe your artistic work. Mark #1 for primary discipline, #2 and #3 for secondary and tertiary disciplines (if applicable). Check other if applicable.

- | | | | |
|---|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Beadwork | <input type="checkbox"/> Craft | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Papermaking |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Drawing | <input type="checkbox"/> Metalwork | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Fiber Art | <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Printmaking |
| <input type="checkbox"/> Collage | <input type="checkbox"/> Folk Art | <input type="checkbox"/> Mosaic | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Computer-generated Art | <input type="checkbox"/> Glass Art | <input type="checkbox"/> Mural | <input type="checkbox"/> Woodwork |
| | <input type="checkbox"/> Installation | <input type="checkbox"/> Painting | <input type="checkbox"/> Other |

Is your work in 2D ____ or 3D ____ or both ____?

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)



Examples of Your Art

Please include a collage, 8 ½" x 11" with pictures of your art and your name for our Artist Registry Portfolio. In addition, include your biography with contact information (phone, address, email).

Each collage sample MUST be labeled with the following information:

- Each picture no smaller than 3" x 5"
- Title of work
- Medium (e.g., "painting oil on canvas" or "sculpture, bronze")
- Dimensions (height x width x depth)

Please forward the following:

- ___ Completed application, collage and biography
- ___ Completed IRS Form W-9, attached (if not already on file)
- ___ Membership Fee (\$30 or \$15 as indicated above)
- ___ Payment by check payable to Arts Longmont – please write AR on memo line
- ___ Payment by Credit Card (please call)
- ___ 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.

Sales include a 25% commission to Arts Longmont.

As a member of the Artist Registry, your information will also be available on our website, artslongmont.org. If your information is not currently in our online Artist Gallery, please send the following information to programs@artslongmont.org.

- One **vertical** high resolution image for the main page
- 2-3 high resolution images for your page
- Contact information
- Website address, if available
- Artist bio – keep in mind that the first couple of sentences will show up on the main page under your art and it may be edited to fit the site.
- Headshot or artist photo

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