



Membership Form Please complete and return this Gallery Membership form with payment to the St. Augustine Art Association: 22 Marine Street, St. Augustine, FL 32084.

Gallery/Business Name

Business Info

Please provide a mailing address for your business and other information for your business.

Street Address: _____

City

State

Zip

Business Phone: _____

Business Email: _____

Business Website: _____

Business Instagram @ _____

Business Facebook @ _____

Business Description

Please provide a brief description of your gallery/business and the artwork available at your location. This will be used on the website.

Artist Opportunities

What opportunities, offered by your business, are available for artists? How can an artist join your gallery or be represented? Please provide a brief detailing of these opportunities and the steps to getting involved, if applicable. (Use back of sheet if not enough room)



Artist Representation

If applicable, please provide a list of the artists currently represented in your gallery. This information may be used to give visitors an idea of where certain artists is located, and where to purchase their work. (Put N/A if you don't want to list artists, use back of sheet for more space)

Business Logo and Image

Please email your logo and an image of your business to be displayed on print and web. (minimum 150dpi; Max file size 5MB; jpg, jpeg, pdf, or png) Email to info@staaa.org

Location

If different from mailing address

Street Address: _____

City	State	Zip
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Business Hours

Please provide your daily business hours.

Art Walk Hours

Please provide the hours that you are open for First Friday Art Walk each month.

Contact Information

Contact Name

Please provide the name of the person who is qualified and will serve as the business' primary point of contact with STAAA. This information will NOT appear on our website.



Contact Phone: _____

Contact Email: _____

Art Gallery Membership

Price: \$225.00

Please select payment option (make checks payable to the St. Augustine Art Association)

Check Visa MC Disc Check #: _____

Card # _____

Exp. Date: _____ **Billing Zip:** _____

Cardholder Name: _____

Consent

By sending in form and payment, I agree that: All the information is correct; I have the authority to join the St. Augustine Art Association on behalf of the listed business; the Art Gallery Membership to the St. Augustine Art Association (STAAA) is only active for one (1) year from January 1 through December 31, and will need to be renewed each year; STAAA may send me email newsletters & communications; STAAA Art Gallery Membership does not include membership to the St. Augustine Art Association for any individual in listed business, including artists; It does not offer entry or acceptance into monthly exhibits; It does not offer discounts or availability on workshops, classes, or events; STAAA membership is non-transferrable and non-refundable. I understand that photos may be used for promotions in print, advertisement and other forms of media. I hereby release, discharge, indemnify, and hold harmless the St. Augustine Art Association (STAAA) and any and all agents of STAAA from any liability, claim, cause of action, demand or damages from injury or damages of any kind as a result of my participation in the membership and programs of STAAA.

Signature

Date