

GALLERY X, INC.

169 William Street New Bedford, MA 02740



YOUNG ARTIST MEMBER APPLICATION

Name:	Pronouns:	
Address:		
City:	State:	ZIP
Email:		
School (if applicable):	Grade (if applicable):	
How did you hear about us?		
O Previous exhibitor I was re	eferred by	
Octher		
RENT/GUARDIAN INFORMATION	For Youth Memberships)	
Name:	Pronc	ouns:
Email:	Phone:	
MBERSHIP DUES (Dues can be paid	l in installments)	
Youth Artist (grades K-12): \$50/ye		
Card to Culture Discount (EBT,	WIC, ConnectorCare cardholders):	\$15/year
○ Emerging Artist (ages 19-25): \$10	0/year	
○ Card to Culture Discount (EBT,	WIC, ConnectorCare cardholders):	\$50/year
MBER BENEFITS		
All artist members are entitled to:		
Submit artwork to all Gallery X orgarSubmit proposals for group or solo s		Galleries
 Representation on the Gallery X web 	osite	
Receive a 10% discount on purchaseReduced commission rate of 25% on		S
Gain valuable gallery and curatorial each state of 25% of the curatorial each state of 25%		
Additional discounts: Emerging Artist me		9.5
dues renewal by assisting with gallery sit		
a year, every sitting after 4 will earn the applied to the member's dues renewal a		
renewal.		
GALLERY X, Inc. as a cooperative memb	pership organization, reserves the righ	t to revoke membership privilege:
if membership obligations are not met a		
GALLERY X Officers. GALLERY X, Inc. is	not responsible for damage, loss or ti	heft of artwork.
I have read the above and agree to	indicated terms of artist members	ship at Gallery X:
Signature		Date