



221 Pine St. 320, Florence, MA 01062 413.584.1783 www.zeamaysprintmaking.com

Artist Membership Application

Name

Address

City, State, Zip

Telephone Number

E-mail address

Emergency Contact: Name

Phone Number

Relation to you

Printmaking experience (continue on back if necessary)

Printmaking media you are interested in exploring at Zea Mays Printmaking

Do you have any allergies, chemical sensitivities or medical conditions that might affect your involvement in printmaking? If so, explain

Name and contact information of two people who can speak about you as a printmaker/artist:

Membership you are applying for

_____ 10-month unlimited membership (\$160/month)

_____ 10-month limited membership (\$80/month)

_____ 3-month membership (\$185/month)

_____ Long distance/Low use membership (\$125/year)

Please send slides or digital images representative of your prints along with the application, and a SASE for return. Once the application is reviewed and membership accepted, you will be sent a contract outlining policies and agreements. The first month's payment will be due with the contract.