



Membership Form

Please fill out the form below and mail along with your payment to:

Gardner Area League of Artists, PO Box 664, Gardner MA 01440

Date _____ (Make checks payable to GALA)
 Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Email _____
 Website and/or Facebook page _____

1. Please tell us what type of artist. Are you a (please check all that apply)?

Visual Artist, Media: _____ Musician Photographer

Writer Performer: _____ Artisan _____ Supporter of Arts

2. Are you a US Veteran, if so, your Vet ID# _____

3. How did you hear about GALA?

Internet Search Newspaper E-Newsletter Brochure Friend Facebook

4. Please choose yearly membership type:

We need members to help keep the Arts Gallery open to support the artists. **A shift consists of 2 hours** working inside the gallery. This involves helping with opening, closing, hanging art work, selling, cleaning, and helping with the customers. If you prefer to do ground work, maintenance, or other work at the gallery contact Deb to make arrangements.

\$25 Individual and must work 3 shifts at the arts gallery.

\$45 Individual and is Exempt from working shifts.

\$35 Family and must work 6 shifts at the arts gallery.

\$75 Family and is Exempt from working shifts.

5. If not Exempt, what days do you prefer to work at Gallery? Fridays Saturdays Sundays

6. Would you like to teach a class or workshop? Yes, Explain: _____

7. Are you interested in participating in a Group/Solo Show? Yes, would like more information.

Membership \$ _____

Donation to GALA General Fund \$ _____

Donation to High School Award Fund \$ _____

TOTAL \$ _____

Thank You!

Check# _____