



City Lights Art Gallery

A Section 501(c)3 Organization
3 E. Army Street, Henderson, NV 89015
P.O. Box 91314, Henderson, NV 89009

702-260-0300

CityLightsArtGallery.org

MEMBERSHIP APPLICATION MUST BE 18 YEARS OR OLDER



Name:		
Address:		
City, State, Zip:		
Email Address (Print Clearly)		
Website (if applicable)	Cell Phone:	Other:
Medium (list all)		
Type of Membership (Check type requested)	Lifetime _____ Annual _____ Teacher _____ Student 18yrs or older (with ID) _____	

Membership types: Artists \$40, Teacher/Student 18yrs or older (with ID)- \$20, Lifetime-\$300. Dues paid annually.

**Artists dues Prorated: Jan – March \$40; April – June \$30; July – September \$20; October – December \$10*

This is a volunteer organization. We need, welcome, and encourage participation from all members.

Hold Harmless Agreement

I, the undersigned, **hold” The Gallery” harmless** as to damage, theft, or any other type of loss to artwork. This agreement is to remain in force and cover all artwork displayed now and in the future. When participating in any gallery exhibitions, I agree that all artworks shall be juried for presentation and content in accordance with the bylaws of The Gallery. As a member I agree to abide by all rules and regulations contained therein or presented expressly for any show requiring special conditions. Fees for shows or gallery space should be paid in advance and are non-refundable. I understand that when exhibiting my work, all work must be ready to hang or display according to gallery guidelines. I agree to help promote the exhibit. The Gallery reserves the right to photograph the artist and/or their work for publicity purposes. **All artwork not picked up within 30-days of event end will become property of City Lights Art Gallery.**

Signed:	Date:
CURRENT RENEWAL # _____ OR CIRCLE NEW OR LAPSED	Gallery Host Name:
TOTAL \$ _____ PAID by CC ___ CK ___ CASH ___ Online _____	Date:

*** NEW OR LAPSED MEMBERS WILL BE ASSIGNED A NEW NUMBER BY COMMITTEE**