



**Brownsville Art Association  
Artist/Volunteer  
Application P.O. Box 655  
Brownsville, OR 97327**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

(Your email address will not be shared with anyone. Email is our usual method of communication with our members)

Do you create artwork? If so, what kind?

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**Please check one:**

- I am interested in having my artwork for sale in the Gallery, please check this box, and a member of the Jury Committee will contact you with details. All artwork is juried. All Gallery Artists are required to serve as a Gallery Host for one 3 ½ hour shift each month at the Art Center.
- I do not create art but wish to volunteer at the Art Center. I would be interested in becoming a Gallery Host even if I do not display art.

Would you describe yourself as:      Amateur Artist                  Professional Artist                  Patron of the Arts

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Office Use: Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ by: \_\_\_\_\_

Notes: \_\_\_\_\_

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