



EAU GALLERY
Original Art and Hand Crafted Gifts
 www.eaugallery.com

1429 Highland Avenue
 Melbourne, FL 32935
 321-253-5553

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|--|---|---|
| <input type="checkbox"/> FULL GALLERY PARTNERSHIP 2-D & 3-D | <input type="checkbox"/> GUEST 2-D CONSIGNMENT ARTIST | <input type="checkbox"/> FEATURED ARTIST - INDIVIDUAL |
| <input type="checkbox"/> LIMITED GALLERY ASSOCIATE PARTNERSHIP | <input type="checkbox"/> CONSIGNMENT - BOUTIQUE ITEMS | <input type="checkbox"/> FEATURED ARTIST - GROUP |

Please include 3-5 photos/portfolio of your work along with this application. Applications are reviewed on the 2nd Monday of each month.

Name: _____ Date: _____
 Address: _____ Zip _____
 Phone #: _____ Cell Phone #: _____
 e-mail address: _____

Referred by: _____

Medium/s: _____

Brief description of your work: _____

List any awards, publications, juried shows, competitions/dates (last 3 years): _____ use the back or other sheet if necessary

List any galleries or businesses that have represented your work, past or present (last 5 years). use the back or other sheet if necessary

Any other information you would like us to know: _____ use the back or other sheet if necessary

Gallery members are required to hold a job.

- | | | | | |
|------------------------------------|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Internet work | <input type="checkbox"/> graphic design | <input type="checkbox"/> bookkeeping | <input type="checkbox"/> courtyard |
| <input type="checkbox"/> Website | <input type="checkbox"/> show chair | <input type="checkbox"/> event planning | <input type="checkbox"/> hanging | <input type="checkbox"/> maintenance |
| <input type="checkbox"/> Display | <input type="checkbox"/> Promotions | <input type="checkbox"/> fund-raising | <input type="checkbox"/> _____ | <input type="checkbox"/> OTHER |

FOR OFFICE USE ONLY	Review Appointment Date _____, Time _____
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