



WICKFORD ART ASSOCIATION MEMBER PROFILE

The following information will be available at the gallery and may be released to other WAA members and prospective customers at the gallery. Please fill out completely and return with membership fee.

As information changes from year to year, please help us keep our records current!

NAME _____

If Family or Individual Member, let us know your interests: _____

What classes or events would you like to attend? _____

If an Artist Member, please indicate your primary medium: _____

and **secondary medium(s):** _____

Your **website:** _____

Your preferred **social media site:** _____

Please check all that apply:

____ I have a gallery, studio or display space for viewing my work.

____ If interested in viewing my work, please call ahead for an appointment.

____ My work is represented at the following galleries _____

I do commission work:

____ Portraits ____ House ____ Signs ____ Drawings ____ Other

I teach classes, workshops, or can demonstrate in: _____

I do commercial art:

____ Illustrations ____ Graphics ____ Portraits ____ Weddings ____ Other

Tell us more about yourself:

Qualifications/Education: _____

Business or Professional Art History: _____

Achievements/Honors, Awards: _____

Membership in Other Art Organizations: _____

Teaching Experience: _____

Other Comments: _____