

MADISON ART CLUB

A 501(c)3 non-profit organization

309 W Main St Madison, In 47250 812-265-2923 artclub.madison.in@gmail.com

Membership type: (check one) Artist: (\$25/ calendar year) _____ Patron(non-artist): (\$20/year) _____
Record of pmt:\$ _____ * _____ Cash _____ Ck# _____ *Cr Card Amt (add 4%) _____
Date _____ Expiration date of Membership: _____
12/31/ _____

Member Information – PLEASE PRINT NEATLY

Last Name _____ First Name _____

Mailing Address: _____

City: _____ State: _____ Zip code _____

Residence Address (if different from mailing address) _____

City: _____ State _____ Zip code _____

Phone: _____ Email: _____

I would like to receive MAC emails: circle Yes or No

I am a Facebook member: circle Yes or No My Art Facebook Page _____

My art website url _____

Member Survey:

Describe your method(s) of creative expression (drawing, painting, sculpting, photography, printmaking, glass blowing, jewelry making, fiber arts/textiles,etc) _____

In what medium or media do you work? (pencil, charcoal, pastel, oils, acrylics, watercolor, clay, stone, wood, fabric, natural materials, mixed media, leather, fabric, etc) _____

Describe your style of artwork and/or favorite subject matter: (realism, abstract, whimsical, traditional, landscape, portraits, figurative, still life, animals, rural, urban, steampunk, fantasy, plein air, etc.) _____

Share a little about how & when you became interested in art & what/who inspired (or inspires) you to create art: _____

Education (post high school) College(s) _____

Degree(s) _____

Other learning experiences (workshops, individual instruction, independent study, etc.) _____

Memberships in Art Organizations/Associations: _____

Other art galleries or art group affiliations : _____

Are you actively involved in other non-profit organizations? If yes, please list and describe your role. _____

The Madison Art Club needs YOU!!! Are you are willing to contribute a little of your time and expertise to the mission of the MAC (by volunteering for a committee or during a special event)?

If YES let us know what you know by checking any areas of experience & skills:

Art Instruction___ Finance/bookkeeping___ Fundraising___ Gallery Operations___
Grant Writing___ Marketing___ Retail Sales and/or Management___ Small business ownership___
Social Media (Facebook, Twitter, Instagram, other)___ Web design___

Describe in detail _____

Other Practical skills/experience: Plumbing___ Painting___ Carpentry___ Electrical___

Describe: _____

Teaching & Learning within the MAC _____

Are you interested in learning new artistic skills or improving existing skills? If yes, name the areas in which you are interested: _____

Are you willing to a offer free demonstration or workshop (30 min aprox) in your art form at a MAC membership meeting? If yes, list the area(s) in which you might consider giving a workshop or demonstration & tell us a little about it. _____

Are you interested in conducting PAID classes/workshops/art instruction to the public at Art On Main? If yes, list the age group (i.e. children, teens, adults) and describe the event & the days/time frame(s)you prefer _____

Do you do commissions? If yes, describe _____

Art On Main Gallery & Gift Shop is open 7 days a week with an all-volunteer staff!!! Would you like to train to become one of our awesome Gallery Heroes? Yes or No (circle one)

If YES: Circle the ALL the days you are available:

11 am-5pm: Mon Tue Wed Thu Fri Sat 12pm- 4pm Sun Fri 5pm-8pm

How often? (Circle all that apply): every week a few days a month one day a month

I would like to fill-in only when needed.

MEMBERSHIP MEETINGS: As a membership organization, decisions are voted on by active members during monthly meetings. Meetings are also an opportunity to build relationships with other artists in the community. From time-to-time member-artists will give brief demonstration of their art form. The quarterly rotation of gallery spaces is timed to coincide with the membership meetings, held on the 3rd Thursday of each month @ 6:30 PM at Art on Main. Attendance is strongly encouraged, but not mandatory. Assuming there is no schedule conflict, do you plan to attend membership meetings? Yes No

Member Signature _____ Date _____

Print Name _____

MAC Rep signature _____ Date _____