



## WILLIAMSBURG ART & HISTORICAL CENTER

135 BROADWAY, BROOKLYN, NY, 11211, USA

718.486.7372 OR 486.6012

WWW.WAHCENTER.NET E-MAIL WAHCENTER@EARTHLINK.NET

### WAH SALON ART CLUB MEMBERSHIP AGREEMENT

Coordinated by Julie Saypoff & Mary Westring

**Those who are already members:** Please complete a new ENTRY FORM, you can download it from our web-site, and send up-dated 2 images of your work, resume and statement and new annual membership fee of \$50. Fill out the form below and mail to the Center, 135 Broadway, Brooklyn, NY 11211

**New Applicants:** Please send an application fee of \$15 (payable to the WAH Center ) together with a minimum of 4 images of your work, a resume and statement to the WAH Center, 135 Broadway, Brooklyn, NY 11211. All hand written forms MUST be written in clear capitol letters. Alternatively, the images can be forwarded by e-mail to our curator, wahcenter@gmail.com, or refer us to a website where your work can be viewed. We will notify you if you are accepted. Mail the Center the annual membership fee of \$50 upon acceptance.

The member's benefits are:

- 1) Participation in the annual January Salon Exhibition
- 2) Depending upon the member's good standing and high artistic merit, eligible for a solo show in the Center's small gallery.
- 3) Current members are eligible for a solo show at the Amarin Cafe in Greenpoint curated by Julie Saypoff.
- 4) Pot Luck artists' dinner at the end of the annual show!
- 5) 20% discount for any performances or events produced by the WAH Center
- 6) 20% discount on gifts, books, CDs and DVDs and T Shirts sold by the WAH Center

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Salon members are needed to VOLUNTEER. Circle your preferences and we will call you:

- 1) Gallery-sitting, Wed thru Fri, 1-5 PM and Sat & Sun, 1-6 PM)
- 2) Help in concessions
- 3) Assist in hanging salon exhibit
- 4) Assist in receiving and pick up of artwork
- 5) Spackling and painting
- 6) Assist in overseeing the final touch up in the gallery before opening reception.

Please complete this agreement, & your volunteer preference and mail it to the WAH Center.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone; Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Web-site \_\_\_\_\_

My Media is (circle) : Painting Sculpture Photography Video Installation

Other: (please describe) \_\_\_\_\_