WILLIAMSBURG ART & HISTORICAL CENTER
135 BROADWAY, BROOKLYN, NY, 11211, USA
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15TH WAH SALON ART CLUB MEMBERSHIP AGREEMENT

Coordinated by Mary Westring & Curated by Yuko Nii

1) Those who are already members and newly accepted members: Please complete a new ENTRY FORM, you can download it from our web-site: www.wahcenter.net/salon/ and fill out the Membership Agreement below and mail them with a membership fee of $50 to: The WAH Center, 135 Broadway, Brooklyn, NY 11211. **The deadline for submission is December 31, 2013.**

2) 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, wahsalonartclub@gmail.com, or refer us to a website where your work can be viewed. We will receive an acceptance notice from us. If accepted, you will follow the same procedure as all members are required to do as stated above.

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 CADEQUE restaurant. Works will be approved by selected members.
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, Fri thru Mon 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)_____