



Blue Skies
GALLERY

BSG use only: _____

Date Juried: _____

Results: _____

**Blue Skies Gallery, Inc.
Application for Membership**

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ (Day) _____ (Evening)

E-Mail: _____

Best Time to Reach You: _____

Medium: _____

Art Experience: _____

Submitted Work: (Title, Size, Retail Price)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Although Blue Skies Gallery, Inc. will use its best efforts to protect and preserve my work from damage or theft, I understand that I will look solely to my own personal insurance or resources and not to Blue Skies Gallery, Inc. or its individual managers or owners, for reimbursement for loss or damage to my artwork while at Blue Skies Gallery.

Artist's Signature

Date