

Sales Gallery Application



Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____ Membership Date _____

Resident **Seasonal** (please complete alternate address section below)

Alternate Address _____

City/State/Zip _____

Art Medium: _____

If you have a website, please provide the URL: _____

Awards: _____

Other locations featuring your work: _____

Other information about how fabulous your work is (optional): _____

Please complete this form and send to:
Venice Art Center, 390 Nokomis Ave South, Venice, FL 34285

If you have any questions, please call us at **941-485-7136** or visit our website at **www.VeniceArtCenter.com**