



Gift Shop Application

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____ Membership Date _____

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

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 or email to elaine@veniceartcenter.com. If you have photos of your work, please email them as well.

If you have any questions, please email or call us at **941-485-7136**

June 2020