



## KINGSTON GALLERY APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Send to:

Kingston Gallery  
Attention: Director  
450 Harrison Avenue #43  
Boston MA 02118

Please include:

- (a) 10 jpg images on CD Mac compatible, numbered to correspond with:
- (b) Image index with number, title, media, dimension, year of each work
- (c) resume
- (d) artist's statement
- (e) self-addressed stamped envelope for return of CD. CD are reviewed bi-monthly by the members of the Gallery.

I understand that this is a cooperative gallery with a commitment fee, monthly dues, monthly meetings, and gallery sitting responsibilities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

