

City Lights Artists' Co-op

A Section 501(c)3 Organization 3 E. Army St., Henderson, NV 89015 - 702-260-0300 P.O. Box 91314, Henderson, NV 89009 www.citylightsartgallery.com

Co-Op STUDENT Member Application

	I	1-1
Name:		
Address:		
City, State, Zip:		
Email:		
Home Phone:	Cell Phone:	Work Phone:
Medium of Art:		
Academic Institution:		
	This is a volunte	er Jan 1 to Dec 31. (Pro-rated for new members) er organization. e participation from all members.
abide by the bylaws of the limited to the right to part it any right to assets, prof damage, theft or any other	e City Lights Artists' Co-op. I ticipate in the activities of th its, funds or liabilities of the er type of loss to artwork. Th	he City Lights Artists' Co-op and hereby agree to understand that membership in the Co-op shall be ne Co-op and that membership does not carry with Co-op. I agree to hold harmless the Co-op for his agreement is to remain in force and cover all ation of my membership in the City Lights Artists'
Signed:		Date:
		Date.
Membership #:		Assigned By:
Amount Paid:		Date:
(rov 10/24/16)		

(rev 10/24/16)