## Member Application

## Name:

Address:

City, State, Zip:

Email:

Home Phone:
Cell Phone:
Work Phone:

Medium of Art:

Academic Institution:

Membership type: Teacher, annual. \$.40/calendar year Jan 1 to Dec 31. (Pro-rated for new members)

This is a volunteer organization.
We need, welcome and encourage participation from all members.

## Hold Harmless Agreement

I, the undersigned, hereby apply for membership in the City Lights Artists' Co-op and hereby agree to abide by the bylaws of the City Lights Artists' Co-op. I understand that membership in the Co-op shall be limited to the right to participate in the activities of the Co-op and that membership does not carry with it any right to assets, profits, funds or liabilities of the Co-op. I agree to hold harmless the Co-op for damage, theft or any other type of loss to artwork. This agreement is to remain in force and cover all artwork displayed now and in the future until termination of my membership in the City Lights Artists' Co-op.

| Signed: | Date: |
| :--- | :--- |
| Membership \#: | Assigned By: |
| Amount Paid: | Date: |

