

Wichita Falls Art Association Gallery

Artwork Intake Slip *Please Print*

Name of Artist _____ Number of pieces _____

Fee paid for the following:

- \$20 for two pieces for **one month** exhibit during the month of _____
- \$35 for two pieces for a **two month** exhibit for the months of _____ and _____
- \$5 each for additional pieces

The artist is current member of the Wichita Falls Art Association. If not, please apply or renew your membership. The membership fee is \$35. After July the fee is \$17.50 for half a year. Student memberships are \$10.

Total Fees paid _____ Cash/Check Receipt Issued

1. Title _____ 2. Title _____

Medium _____ Price _____ Medium _____ Price _____

I submit my work for display in the gallery at my own risk. I understand that the gallery does not insure artwork against loss or damage. I also grant permission to the Wichita Falls Art Association to photograph and post pictures of my work on our Facebook page and website, for promotional purposes only.

_____ Date _____ Phone _____

Please Sign

Please pick up artwork on the first week of the next month after the exhibition.
Help us to identify your work by labeling the back of each piece.



Please attach this label to the back of your artwork.

Artist Name _____

1. Art Title _____

Medium _____ Price _____

Please attach this label to the back of your artwork.

Artist Name _____

2. Art Title _____

Medium _____ Price _____