



# Membership Application

*Please type or write legibly in ink.*

*Do not leave any sections blank.*

*If you have questions, please email [contact@slga.info](mailto:contact@slga.info) for assistance.*

Applying as a (circle one)      Gallery      Visual Arts-Related Business

Name of Organization \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title (owner, manager, etc.) \_\_\_\_\_

Street Address \_\_\_\_\_ SLC, Utah \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Gallery/Organization website \_\_\_\_\_

What style of exhibits do you typically present? (i.e. contemporary, traditional, prints, originals, etc.)

\_\_\_\_\_

How long have you been in operation? \_\_\_\_\_ How many exhibits do you hold annually? \_\_\_\_

What is your legal status?      \_\_\_\_ Private/commercial      \_\_\_\_ Public/non-profit

Do you have:      \_\_\_\_ Stable of artists      \_\_\_\_ Rotating art exhibits

Do you schedule special openings? Please explain: \_\_\_\_\_

\_\_\_\_\_

Is your space handicap accessible according to ADA standards?      \_\_\_\_ Yes      \_\_\_\_ No

What is your approximate square footage devoted exclusively to public exhibition space? \_\_\_\_\_

What are your regular business hours? \_\_\_\_\_

Do you exhibit local Utah artists?      \_\_\_\_ Yes      \_\_\_\_ No

Please list a representative sample of the artists you exhibit/represent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a concise narrative describing your gallery/organization as it relates to the visual arts (this may be used for promotional purposes):

Briefly articulate your interest in becoming a member of the Salt Lake Gallery Association:

Are you (or a representative from your staff) willing to participate on a regular basis in SLGA operations and activities such as quarterly member meetings, committee meetings, etc? \_\_\_\_ Yes \_\_\_\_ No

GALLERIES and VISUAL-ARTS RELATED BUSINESSES have voting rights and are required to participate in ongoing association operation, including regular attendance in quarterly member meetings and the occasional committee meeting.

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I/We have read and understood the guidelines established by the Salt Lake Gallery Association and agree to adhere to ethical and lawful business practices as a member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please mail application to:*

**Salt Lake Gallery Association**  
P.O. Box 2812  
SLC, UT 84110

\*Attention new applicants: please do NOT submit payment with application. Accepted applicants will be invoiced. Thank you for your interest in the Salt Lake Gallery Association.