

# Delaware Foundation for the Visual Arts

## Membership Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please print clearly*

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I am an artist. My completed Bio with photo of artwork is included.

I will serve on  A Show Committee  The Student Connection  Publicity

I would like to speak with your Activities Chair before making a decision. Please have him/her contact me.

Student \$10.00

Associate \$25.00

Supporting \$100.00

Patron \$250.00

Life \$500.00

I would like to make a Tax Deductible donation to the DFVA in the amount of \_\_\_\_\_

*Please mail this Membership Application, your completed Bio, and your check made out to DFVA to:  
The **Delaware Foundation for the Visual Arts**, Attention:*

DFVA Wendy Maxwell 28 Bradbury Road New Castle, DE 19720

*The Delaware Foundation for the Visual Arts is a 501 (C) (3) organization #51-0320156. Your donation is 100% tax deductible.*

*Please consider the DFVA in your Estate planning. Complete information is available by writing to the address listed: Attention Treasurer.*

# Delaware Foundation for the Visual Arts – Artist Bio Form

BIO *Please print clearly*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E Mail \_\_\_\_\_

Media most often used \_\_\_\_\_

Subjects preferred \_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

Publications \_\_\_\_\_

Professional Affiliations \_\_\_\_\_

Teaching Experience \_\_\_\_\_

Will conduct, *please check if appropriate*

Workshops \_\_\_\_\_ Demonstrations \_\_\_\_\_ Lectures \_\_\_\_\_

Artist's statement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please attach a photo of your art work on the back of this page; include and mail it with your application form.*