

Central Vermont Artists' Marketing Cooperative, Inc.

The mission of the Central Vermont Artists' Marketing Cooperative, Inc. is to promote and sustain the creative work of regional artists through a cooperatively-run, community-centered organization

2010 Membership Application

Name: _____ Business name (if any): _____

Mailing Address: _____

Daytime Phone # _____ Evening Phone # _____ Email: _____

The Central Vermont Artists' Marketing Cooperative is owned and operated by its members. The Cooperative runs the Blinking Light Gallery in Plainfield. There are two basic categories of membership – **vendors** and **supporters**. Memberships are renewed annually. The membership year is December 1 – November 30. Membership dues are \$50 (\$25 after May 1st). The annual membership meeting is in March.

Membership category:

(Complete the section that applies to you)

Section I. VENDOR

I would like to sell the following type/s of artwork/goods: _____

Check option 1 or 2:

1. I am applying to be a **working member** and

1a. I will staff the Gallery and average of **twelve hours each month**. As a result, sales of my work will be subject to a **Gallery commission rate of 20%**.

1b. I will staff the Gallery an average of **eight hours each month**. As a result, sales of my work will be subject to a **Gallery commission rate of 30%**.

1c. I will staff the Gallery an average of **four hours each month**. As a result, sales of my work will be subject to a **Gallery commission rate of 40%**.

1d. I cannot staff the Gallery, but would like to be contacted if alternative work (i.e. – newsletter, bookkeeping) of **four or eight** hours per month (circle one) becomes available.

2. I am applying to be a **non-working member**. As a result, a **50% Gallery commission rate applies**.

Section II. SUPPORTER

Check option 1 or 2:

1. I am not an artist/craftsperson, but I support the mission of the Central Vermont Artists' Marketing Cooperative and would like to be a **working member**. *Supporting Members are entitled to a 10% discount on Gallery purchases.*

1a. I can staff the Gallery an average of _____ hours per month.

1b. I cannot staff the Gallery but would like to volunteer for other co-op work.

2. I am not an artist/craftsperson, but I support the mission of the Central Vermont Artists' Marketing Cooperative and would like to be a **non-working member**. *Supporting Members are entitled to a 10% discount on Gallery purchases.*

By signing this application, I understand that I am giving permission for my work to be displayed on the Blinking Light Gallery web site and, in addition, I acknowledge that the Central Vermont Artists' Marketing Cooperative, Inc. is not responsible for insuring my inventory.

My annual membership fee of _____ accompanies this application (make checks payable to: "Central VT Artists' Marketing Co-op").

I am contributing the additional sum of _____ to support the co-op's mission.

Signed: _____ Date: _____

Return to: Central Vermont Artists' Marketing Co-op, 16 Main Street, P.O. Box 25, Plainfield, VT 05667