



## Membership Application / Arkansas Sculptors Guild

**Sculptor:** To be considered for membership by the Arkansas Sculptors Guild send the following:

- Completed Form
- Current Resume
- 10 Slides or CD-Rom (best representation of your work)
- Annotated Slide Sheet (#, title, dimensions H x W x D, medium, date, and retail price.
  - Annotated CD- Rom sheet if not included on CD
  - SASE (for return of slides and / or CD)

Mail To: Arkansas Sculptors Guild, P.O. Box 2930, Hot Springs, AR 71914

Please fill out form completely; this information along with other submitted information will be sent to our Membership Review Board, if your application is accepted you will be notified along with request for membership fees (**Please Do Not Send Membership Fee with Application**). The information you provide may be used pre-qualify you for Special ARSG Events, Shows, and Promotions.

PERSONAL INFORMATION: please print clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Age: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Membership Desired:  Basic  Professional  Student  Affiliate  Senior/65 +

ARTWORK DESCRIPTION: please check best match in each category

**Subject:**

- Botanical
- Children
- Figurative
- Non-Objective
- Wildlife
- Other

**Style:**

- Abstract
- Expressionistic
- Impressionistic
- Neo-Classical
- Pop
- Other

**Media:**

- Bronze
- Stainless Steel
- Stone
- Wood
- Glass
- Other

**Process:**

- Additive / Clay
- Fabrication
- Lost Wax
- Subtractive / Carving
- Fusing / Casting
- Other

**EDUCATION**

Degree:

- Associate (Institution): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Bachelors (Institution): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Masters (Institution): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Doctorate (Institution): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Other (Institution): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**EXPERIENCE**

Do you have experience completing and/or placing large scale work?     Yes     No

Explain: \_\_\_\_\_

Do you have a desire to pursue corporate/public art placements?     Yes     No

Number, if any, of corporate/public art Placements:     1-5     6-10     More than 10

Major life-size/monumental placements:

Location:	Permanent or Temporary	Date Completed	Budget
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Were these placements completed on time?     Yes     No

If not, explain: \_\_\_\_\_

**Current References:**

Contact's Name	Address	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Current Representation:**

Gallery Name	Address	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**DO NOT SENT ADDITIONAL MATERIALS AT THIS TIME**