



AIR Artist Information

Application Date _____

Artist Name _____

Home Phone _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Website _____ Email Address _____

Media _____

Current Professional Affiliations _____

How did you hear about SCI? _____

Tell us what you think your contribution to SCI will involve: _____

What areas are best suited for your volunteer hours?

<input type="checkbox"/> Gallery Docent	<input type="checkbox"/> Art Education for Kids	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Retail/ Gift Store
<input type="checkbox"/> Gallery Host at Receptions	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Office Work	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Special Events Committee	<input type="checkbox"/> Marketing/ PR	<input type="checkbox"/> Serving on Board	<input type="checkbox"/> Other: