

MYSTICARTSCENTER
CREATIVITY CULTURE COMMUNITY

ELECTED ARTIST APPLICATION

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

List information on pieces accepted to 4 JURIED Mystic Arts Center shows within 24 months:

<i>NAME OF SHOW</i>	<i>DATE OF SHOW</i>	<i>TITLE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS (if one of above, identify as 1, 2, 3 or 4)

MEMBERSHIP IN ART RELATED ORGANIZATIONS

Please send along a photograph and a copy of your biography for our records. Thank you.

Respectfully submitted _____ **Date** _____

FOR OFFICE USE ONLY

Accepted by _____ **Date** _____