



brooklyn artists gym

APPLICATION FOR MEMBERSHIP

NAME _____
ADDRESS _____

PHONE _____
EMAIL _____

WHAT YOU ARE MOST INTERESTED IN

- Just supporting BAG
- Access to health insurance.
- Gallery shows.
- Figure drawing.
- Workshops (please specify what kind _____).
- Networking.

PLEASE TELL US A LITTLE ABOUT YOURSELF:

Are you an artist? _____
Media (oil, watercolor, acrylics, etc.) _____
Usual size _____
How long have you been at this? _____
Art education? _____
Anything else? _____
How did you find out about us? _____

Please return this with a \$35 *membership fee* to the address below. Your membership will be good for one year.

mailing address: 168 7th St., 3rd Floor,, Brooklyn, NY 11215
www.brooklynartistsgym.com