

**Chaffee Art Center
Form for Juried Artist Membership**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Submitted work:

1. Title:
Medium:
Price:

2. Title:
Medium:
Price:

3. Title:
Medium:
Price:

4. Title:
Medium:
Price:

5. Title:
Medium:
Price:

6. Title:
Medium:
Price:

Forward this form along with a current artist statement, and resume (optional), and CD to Rutland Area Art Association/Chaffee Art Center.

Mail to:
Rutland Area Art Association
PO Box 1447
Rutland, VT 05701

Drop off at:
Chaffee Art Center
16 South Main Street
Rutland, VT 05701