



COAST COLLECTIVE ASSOCIATES
APPLICATION



FOR TERM FROM: _____ TO AUGUST 31, 2010.

Artist's Name: _____ Application Date: _____

Address: _____ Postal Code: _____

Phone: _____ e-mail: _____

Website: _____

Type of Work: _____

I would like to help the Coast Collective with: (Check all that apply)

- Advertising and Promotion – e-mailing announcements, graphic arts, circulating flyers, etc.
- Gallery show data – preparing spreadsheets, making labels, creating catalogue
- Gallery Shows - Artwork intake or returns, hanging
- Gift shop volunteer coordination and records – organize and update vendors lists, help manage schedule
- Special Associates' events – help organize lectures, trips, other events just for Members
- Other: _____

I authorize the inclusion of this information in a contact list for Coast Collective Associates to facilitate networking, communication and organization of special events and trips.

Signature

Date

Payment Options

In Person: at Coast Collective at Esquimalt Lagoon (cash, cheque, debit card, credit card)

By Phone: 250.391.5522 (credit card only)

Email: classes@coastcollective.ca (credit card only)

Mail this form with completed form to payment (cheque or credit card) to:

Associates' Program - Coast Collective
3221 Heatherbell Road
Victoria, BC - V9C 1Y8

If you would like us to charge the fees to your credit card without coming into the Collective, please provide the following information, thereby authorizing the charges:

Credit Card Number _____ Exp. _____

Name on Card if different from above: _____