ANTIOCH FINE ARTS FOUNDATION

NEW EXHIBITOR APPLICATION FORM

For Artists Interested in Becoming Exhibiting Members

Date _____

Name _____

Address _____

Phone _____ Email _____

Mediums you work in:

2D _____

3D _____

Galleries/venues where your artwork has been displayed:

_____

_____

Check all that apply:

____I have participated in an invitational exhibit at Antioch Art Center (**preferred**)

____I will email 10 images of recent works to antiochfineartsfoundation@gmail.com

____ I can be available to meet with Gallery Director Carol Sackschewsky to review Antioch Art Center procedures and requirements. I prefer:

Days ____ Evenings ____ Weekdays ___ Weekends ___

Carol's contact is: 847-858-2256 or artscape20@gmail.com. She will reach out to you via email to set up a meeting.

Upon acceptance:

____ I will fill out Annual Membership Form and pay my membership dues.

____ I understand that to participate in AFAF Member Artist Exhibits, I am required to work four (4) hours during each month of the exhibit, and I will pay the hanging/exhibition fee for each period when my artwork is exhibited.

Signature_____

For AFAF Board only:

2026.11.01

Approved _____ Denied ____