

## **Artist Application**

313 Mill St., PO Box 402, Occoquan, VA 22125 | 703-490-1117 LoftGallery.Occoquan@gmail.com Tuesday-Friday 11am-4pm Saturday 11am-5pm Sunday Noon-5pm

Date:

| Name: (pls print)                                  |                              |
|--|------------------------------|
| Business name (can be your name)                   |                              |
| Contact telephone #s (primary)                     | (H or C)                     |
| Secondary tel #                                    | (H or C)                     |
| Address street                                     |                              |
| City/State/zip                                     |                              |
| Email:   |                              |
| Website/Blog/Facebook/other social media you       | u use to promote your art    |
|  |                              |
|  |                              |
| Medium(s)  |                              |
| Do you have artwork you have completed in th       | e last 3 months?             |
| If juried into the gallery would you be able to ha | ave a solo show in 6 months? |
| Art group membership(s)                            |                              |
|  |                              |

Attach your resume and Artist statement (statement no more than 1-page). Include **3 photographs** of your most recent artwork. Email your application and accompanying documents to the Loft Gallery: <a href="loftgallery.occoquan@gmail.com">loftgallery.occoquan@gmail.com</a>

\*\*Please note Gallery artists are required to work 1-2 days a month, attend a monthly meeting, change/hang your wall  $1^{st}$  Monday of the month, and participate in other Gallery events throughout the year.