



# Art Exhibit Space Application

Albany Arts Commission

Artist / Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person (Organization only): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

<b>Media:</b>	<b>Experience/Education:</b>
<b>Showings/Representation:</b>	<b>Memberships:</b>
<b>Statement:</b>	

I have read the Call-To-Artist Policy and agree to the terms included therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form with submissions to:

Albany Arts Commission  
C/O Albany Parks & Recreation  
333 Broadalbin St. SW  
Albany, OR 97321  
541-917-7778  
[debbie.little@cityofalbany.net](mailto:debbie.little@cityofalbany.net)