



ARATI ARTISTS GALLERY, INC.
2425 West Colorado Avenue, Colorado Springs, CO 80904
719-636-1901
www.aratiartists.com

Application for Membership

Name _____

Date _____

Address _____

Phone _____

_____ Email _____

Medium you work in _____

Academic Art Education: (institutions, years, degrees)

Other Art Education:

Recent Exhibit Record: (Juried shows, etc.)

Awards: (Use back of the application form if more space needed)

