

Artist application

MindWorks *Gallery*

Date: _____

Cell #: _____ Home #: _____

Name: _____

Address: _____

City, State, Zip _____

Email: _____

Website: _____

I will work at the Gallery: (select one below and circle the day you choose):

_____ One day a week, and what day: SU M TU W TH F SA

_____ I can't work the gallery.

Media: _____

Explain your work: _____

- Email Photos of your work to (at least three): MindWorksGallery@att.net.
- Artists' acceptance will be based on a jury process and space availability.
- Fees don't change, sales tax paid by the artists.
- Upon acceptance each resident artist must provide his/her Federal tax I.D. or social security number for tax purposes only.

MindWorks Gallery
Lakeland Square Mall
3800 US Highway 98 North (Space: 114)
Lakeland, Florida, 33812
(813) 6145820
MindWorksGallery.com
Hours: Mon-Sat 11-7, Sun 11-6