

Mailing Address: P.O. Box 511, Huntington, NY 11743

# MEMBERSHIP APPLICATION

***fotofoto gallery* is a photographers’ collective dedicated to the artistic development of photographers, both its members and the greater photographic community.** The gallery sponsors an extensive calendar of exhibitions, workshops, salons, competitions and special events. *f*oto*f*oto *gallery,* formed in 2003, is a 501(c)(3) non-profit.

## MEMBERSHIP LEVELS

* **Full Artist Member:** Entitled to 1 solo show per calendar year in addition to all other gallery benefits.
* **Portfolio Artist Member:** Members enjoy the same benefits as full members except they may only exhibit in our group shows. (No solo shows.)

## BENEFITS OF MEMBERSHIP

* **Exhibition Opportunities** - members have regular opportunities for solo exhibitions and may submit work for all group shows that include gallery artists.
* **Workshops** - members receive discounts for gallery sponsored workshops and may create their own workshops to offer to the members or the community at large.
* **Networking** – work with other artists to explore ideas.
* **Curating** – group shows of outside artists provide members the opportunity to curate and hang exhibitions.
* **Salons** – the gallery runs regular salons where members and other artists review ongoing projects.

## RESPONSIBILITIES OF MEMBERSHIP

* Demonstrate continuing artistic and technical competence as a photographer.
* Attend monthly meetings and receptions and participate in other gallery events.
* Gallery Sit 2 shifts per month for group and competition exhibitions, more for your solo exhibition.
* Serve on committees.
* Help install group exhibitions and help maintain the gallery.

## DUES

* **Full Artist Members pay $100 per month.**
* **Portfolio Artist Members pay $50 per month.**
* Members are responsible for all costs associated with their exhibitions. No additional fee for a show.

## HOW TO BECOME A MEMBER

* The gallery reviews the portfolios of prospective members on an ongoing basis.
* To present a portfolio, please contact the gallery at info@fotofotogallery.org
* Put "PORTFOLIO SUBMISSION" in caps in the subject area of the email.

**SUBMITTING A PORTFOLIO**

* Artist Membership at both levels is limited to individuals 18 or older.
* There is no charge for submitting a portfolio for review.
* Please submit 12 – 15 images from an ongoing project or projects.
* All portfolios must be photography-based.
* Work must be matted or presented as it would be prepared for exhibition – do not include frames.
* Only original work may be presented for a portfolio review
* Please include social media links (website, Facebook, Instagram, YouTube Channel) if available.
* Attach a Bio/Artist Statement.

**Gallery Hours: Thursday 12:30-4pm; Friday - Saturday 11:30am-6pm' and by appointment.**

www.fotofotogallery.org fotofoto gallery is a 501(c)(3) organization



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**Please include this form with your portfolio.**

**I am submitting works for review for:**

* **Full Artist Membership:** Yes \_\_\_ No \_\_\_
* **Portfolio Artist Membership:** Yes \_\_\_ No \_\_\_

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STREET ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY, STATE, ZIP**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**E-MAIL**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW DID YOU HEAR ABOUT *fotofoto gallery?***

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**WHY WOULD YOU LIKE TO JOIN *fotofoto gallery?***

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**OFFICE USE ONLY**

DATE SUBMITTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REVIEWED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF PRINTS SUBMITTED/RETURNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCEPTANCE: Y N DATE LETTER SENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDATION OF COMMITTEE:

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