

GRAND RAPIDS GALLERY ASSOCIATION

Application for Membership

Name of Gallery/Organization _____

Address _____

Telephone Number _____

Email Address _____

Website _____

Number of Years in Operation _____

Days and Hours Open _____

Primary Contact Person _____

Description of gallery/Organization (Short narrative, something you might use for advertising and or publications)

Signature _____ Date _____

Please mail form to: GRGA, PO Box 6791, Grand Rapids, MI 49516-6791