



Trail's End Art Association
Annual Membership & Liability Release

Welcome to Trail's End Art Association. As a new member you will receive a packet in the mail that will explain our programs and procedures as well as tell you about our friendly and supportive group. You will receive a monthly newsletter and are invited to attend the General Meetings on the 2nd Friday of each month.

In order to exhibit your work in our gallery you **MUST** complete The Liability Agreement on the back of this page. In lieu of a commission for selling your work, tax deductible donations are accepted (15% recommended). **TEAA is open Wednesdays through Sundays, 11am-4pm in the winter and until 5pm in the summer.** Call 503-717-9458 or check out our website at www.trailsendart.org or stop by if you have questions.

ANNUAL MEMBERSHIP APPLICATION & RENEWAL

Please complete this form if you are a new or renewing member. Checks may be written to TEAA and sent with your completed form to P.O. Box 2351, Gearhart, OR 97138 or you can place this form with payment in an envelope and leave it at the desk at TEAA.

Name: _____ **Date:** _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ **Alternate Phone:** _____

Phone number you like published in the directory - (check one) Home Alternate

E-mail: _____

I want to receive my newsletter via (check one) **Hardcopy by mail (black and white)** **e-mail (color)** **Online (color)**

(The Newsletter, Calendar and other information can also be found at www.trailsendart.org)

Dues Amount (check one):

Individual Membership	Individual child or Youth (Under 18)	Family Membership * (Residing in the same household)
<input type="checkbox"/> Full Year (Jan. 1 – Dec. 31) \$60	<input type="checkbox"/> Full Year (Jan. 1 – Dec. 31) \$30	<input type="checkbox"/> Full Year (Jan. 1 – Dec. 31) \$70
<input type="checkbox"/> Half Year (July 1 – Dec. 31) \$30	<input type="checkbox"/> Half Year (July 1 – Dec. 31) \$15	<input type="checkbox"/> Half Year (July 1 – Dec. 31) \$35

* If you selected a Family membership, please name the others who will be included in your membership: _____

We are an all volunteer non-profit organization. Please check the area where you would like to help:

- | | | |
|---|---|---|
| <input type="checkbox"/> Reception host | <input type="checkbox"/> Building maintenance | <input type="checkbox"/> Teach a class |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> Gardening | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Phoning member reminders |
| <input type="checkbox"/> Office help | <input type="checkbox"/> Gallery hanging | <input type="checkbox"/> Gallery host |

LIABILITY AGREEMENT

Trail's End Art Association

P.O. Box 2351, 656 A Street, Gearhart, Oregon

I agree to assume entire responsibility for my art work and understand and acknowledge that Trail's End Art Association (hereinafter known as TEAA), its Board members, volunteer staff, and members, do not assume any responsibility of any kind for loss, theft, or physical damage to artworks of any kind under any circumstances. I display my art work entirely at my own risk. I am responsible for the transport of my artwork to and from my home or studio to the TEAA receiving site entirely at my own risk, regardless of whether TEAA Board members, TEAA volunteer staff and/or members may be engaged to help.

SALE OF MY ARTWORK: I understand that TEAA Board members, volunteer staff, and members assume no responsibility for the credit of the purchaser, and assume no responsibility to me in the event a sale is canceled by the purchaser or an error in sales has been made.

This Liability Agreement will remain in effect for the following year: _____

I, the undersigned artist, declare that I have read this Liability Agreement and accept the above conditions for display of my artwork in the TEAA gallery and/or at any TEAA exhibition, and I hereby release said TEAA from liability for any loss, theft, or physical damage to my art work by any means whatsoever.

Artist Signature

Print Name

Artist's telephone number

Date

Signature of TEAA Representative

Print Name