



COOPERATIVE GALLERY 213

213 State Street,
Binghamton, NY 13902
607/724-3462 www.cooperativegallery.com

Supporting Member Application

NAME: _____ DATE: _____

ADDRESS: _____

PHONE(S) _____

EMAIL: _____

COST \$30.00 Payment: Check ___ Cash ___ Credit Card type & number _____

No personal information is shared beyond the gallery except for credit card transaction with our bank

My interest in the gallery is as an: artist ___ art lover ___ other _____

I would be interested in trips to museums or other art venues: yes ___ no ___

What I like best about the Cooperative Gallery 213 is _____

I would like to see the Cooperative Gallery 213 do this _____

Office Use Only:

Gallery member's name receiving payment _____ Date received _____

Gallery member's name sending acknowledgment packet _____ Date sent _____

Notes:

There is no sales tax on membership. Put sales receipt and money in cash box (same as a regular sale). Put this completed page (check to be sure the address & email is complete) in clear plastic hanging file folder on wall next to desk & office door.
bw 10/12