

# ARKANSAS ARTIST REGISTRY APPLICATION FORM

Arkansas Residents Only



## Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ 9-digit Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

Other Phone \_\_\_\_\_ Date of Birth (opt) \_\_\_\_\_ Arkansas Resident Since \_\_\_\_\_

State Senator \_\_\_\_\_ State Representative \_\_\_\_\_

## Agent or Representative Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check here if you wish to be contacted through your representative or agent only.

## Medium (select all that apply)

Submitted images must reflect all categories selected.

- Crafts       Drawing and Graphics       Folk and Traditional       Mixed Media  
 Paintings       Photography       Print Making       Sculpture

## Select the option that best describes your experience as an artist:

- Professional artist (art income only)       Professional artist [w/additional job(s)]       Leisure Time Artist  
 Art Teacher (Primary, Jr./ Sr. High)       Art Teacher (College or University)       Art Student

## Education (check all that apply)

- High school       Associate's degree       Graduate work       Self-taught artist  
 Some college       Bachelor's degree       Graduate degree       Formal art education

## Artist Diversity (for Arts Council records, please provide the following information (optional):

Gender:       Male       Female      Disability     

Ethnic identity (select one or any combination that applies):

- Asian       Black/African American       Hispanic/Latino  
 American Indian       Native Hawaiian/Pacific Islander       White       Other

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## Would you be willing to provide any of the following services?

- |                                                                    |                                                            |
|--------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Speak about your art                      | <input type="checkbox"/> Teach a class about your art form |
| <input type="checkbox"/> Participate in an artist residency        | <input type="checkbox"/> Serve as a panelist               |
| <input type="checkbox"/> Write an article for the AAC e-newsletter | <input type="checkbox"/> Write art critiques               |

## Support Material

**Images** - Artists may send information in digital format (CD-ROM, JPEG) or in slide format. Send up to 10 excellent quality images of recent work.

If submitting **digital images**: Label each image with your last name and title, i.e. Doe\_sunrise.jpg

If submitting **slides**: Use a whole slide sheet. Label each slide with artist name, title and an arrow indicating orientation.

Include a separate, typed image list which includes: artist name, title, dimensions, medium, date work completed, and price (or price range).

**Resume** – Provide a typed copy of your current artist resume that includes: biographical information, educational experience, major accomplishments relative to your art, solo and/or group exhibitions, juried exhibitions, installations, grants, awards, public art commissions, juror or curator experience, etc.

## Application Package Check List

Submit a complete application package which includes:

- |                                                                                              |                                                                                                                      |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed registry form                                             | <input type="checkbox"/> Up to 10 excellent quality images in digital format on CD or slides                         |
| <input type="checkbox"/> Current artist resume                                               | <input type="checkbox"/> Separate image list with title, dimensions, medium, date, price                             |
| <input type="checkbox"/> Artist statement of up to 500 characters submitted on CD (optional) | <input type="checkbox"/> Support material, such as exhibition catalogs, reviews, and newspaper and magazine articles |

Send your complete application packet to: **Arkansas Arts Council, Arkansas Artist Registry, 1500 Tower Building, 323 Center Street, Little Rock, AR 72201.**

Contact the Arkansas Artist Registry at (501) 324-9766 if you have questions.

To receive notification of opportunities and inquiries from potential buyers, please advise us of changes in contact information. Maintain your membership by updating your images and application every two years.

## Artist Release Agreement

The undersigned hereby grants permission for that Arkansas Arts Council to reproduce submitted works in Arkansas Arts Council publications, Arkansas newspapers and other print media as appropriate. A credit line with the artist's name will be included with all works submitted for publication.

\_\_\_\_\_  
Artist's signature

\_\_\_\_\_  
Date