

CONTACT INFORMATION

Name _____

Address _____ City _____ Zip _____

Email _____ Home/Mobile Phone _____

Resident Since (year) _____ County _____

+AR State Senator _____ AR State Representative _____

Agent or Representative (Optional)

Name _____

Address _____ City _____ State ____ Zip _____

Email _____ Phone _____

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

MEDIUM (select all that apply) Images submitted must represent all categories selected.

Crafts Drawing and Graphics Folk & Traditional Mixed Media

Paintings Photography Printmaking Sculpture

Gender

Female Male

Disability (optional)

Yes No

Ethnic Identity

Asian Black/African American Hispanic/Latino

American Indian Native Hawaiian/Pacific Islander White Other _____

Are you willing to provide any of the following services?

Speak about your art Teach a class about your art discipline

Write an article for the AAC e-newsletter.

Support Material - Submit all of the following material on a flash drive.

Images – Send up to 10 excellent quality images of recent work in digital format (JPEG or TIF). Each must be at least 1 MB, 300 dpi, 4" x 6". Label each image with your last name and title, i.e. Doe_sunrise.jpg.

Image List – Include a separate, typed image list that includes: artist name, title, dimensions (H" x W"), medium, and date work completed.

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.

Artist Statement – A brief description of your aesthetic concept and the current direction of your work. (No more than 1,000 characters, including spaces and punctuation)

Registry Membership form — Completed and signed registry form.

Please do not send additional materials. The Arts Council does not keep hard copy files for the registry.

Send your complete application packet to: **Arkansas Arts Council, Arkansas Artist Registry, 1100 North Street, Little Rock, AR 72201**

Contact the Arkansas Arts Council at (501) 324-9150 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 Certification and Release

The undersigned hereby agrees that the artwork submitted is original and not copied from another artist's creation. If it is deemed as copied work, the registry page may be removed from the website.

The undersigned grants permission for the Arkansas Arts Council to reproduce submitted works in Arkansas Arts Council publications, online, 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. I certify that I am at least 18 years of age.

I would like to receive email announcements from the Arkansas Arts Council.

Artist Signature

Date