



Sign of the Dove Gallery

Jury Application Form

We welcome you as a potential member of Sign of the Dove.

Please keep in mind that a requirement for becoming a Dove member is that you work at the store 3-4 five-hour shifts per month.

Name _____ Date _____

Business Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ E-mail Address _____

Media _____

Website _____

Please scan and e-mail this application form: with the subject line *Sign of the Dove Jury* ann.szerlip@gmail.com and gayatri5ss@yahoo.com. Attach photos of 3-5 pieces of your work along with a description of your process and retail price for each time.

Background Information

How long have you been an artist? _____

Where have you studied? _____

Where do you sell your work? _____

Is there any other information you would like for us to know about your work?

How did you hear about Sign of the Dove?

Thanks you for your interest in Sign of the Dove Gallery Cooperative

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