



# Credentials Form

## Artist Credentials

Classification	Date
Member	_____
Juried Member	_____
Merit Member	_____
Advanced Merit Member	_____
Member of Excellence	_____

Division	
Painting:	_____
Sculpture/Crafts	_____
Photography	_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

### Juried Works

*Ten volunteer hours are required for each level.*

### Awards

Show and Date	L	R	N	Work Title and Medium	Type