

Credentials Application Form **MEMBER OF EXCELLENCE**

Artists Name: _____ Date: _____

Requirements are **ADVANCED MERIT MEMBER** status plus,

FOUR awards from Grandview exhibits:

Award Type:

1.

2.

3.

4.

Regional or National Show Acceptances:

5.

6.

7.

8.

Regional or National Awards:

Award Type:

9.

10.

Volunteer hours required for juried status 10

Approved Date:

Credential committee signatures _____

Date Approved: _____

Congratulations from Atlanta Artists Center

