

Credentials Application Form **JURIED MEMBER**

Artists Name: _____

Address: _____

Phone: _____ Email: _____

Requirements are 4 credits total. These may come from Grandview credentialed exhibits as well as awards from any Grandview Credentialed Show.

1.

2.

3.

4.

Volunteer hours required for juried status 10

Approved Date:

Credential committee signatures _____

Date Approved: _____

Congratulations from Atlanta Artists Center

