

## **L.A. 7 Shades of Emotions Inc. – Artist Member Form**

### **Personal Information**

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

Preferred Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

### **Artistic Profile**

Primary Art Medium(s):

(check all that apply)

- ☐ Painting
- ☐ Drawing
- ☐ Sculpture
- ☐ Photography
- ☐ Spoken Word/Poetry
- ☐ Music
- ☐ Dance
- ☐ Theater
- ☐ Digital Art
- ☐ Other: \_\_\_\_\_

Brief Artist Bio (100–150 words):

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Website/Portfolio or Social Media Handles (optional):

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### **Membership Goals**

What do you hope to gain from being a member of L.A. 7 Shades of Emotions Inc?

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Are you interested in participating in:

- ☐ Exhibitions
- ☐ Workshops
- ☐ Performances
- ☐ Community Projects
- ☐ Mentorship
- ☐ Teaching Opportunities

### **Availability**

Days/Times Generally Available for Events or Projects:

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### **Emergency Contact**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Consent & Agreement**

By signing below, I acknowledge that the information provided is accurate, and I agree to uphold the mission and values of L.A. 7 Shades of Emotions Inc. I give permission for my artwork and/or image to be used in promotional materials unless I specify otherwise in writing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_