

Gift Shop Member Highlight Application

Name:		
Phone Number:	Email:	:
What is your prefe	erred time period to display work in t	the gift shop?
□ January-Febru□ March-April	ary □ May-June □ July-August	September-OctoberNovember-December
□ I am a current n	nember of The Art Center Highland	l Park
	n(s) you would like to sell: pricing, please note that TAC receives 35	5% commission on all artwork sold in the gift
Item	Description	Qty. Price