

ARTea's Gallery & Garden Gift Shop Application 2020

(office use only) Gift Shop Reference Number # _____

Personal Name

Business Name (if different)

Address

City

State

Postcode

Phone (Home/Business)

Mobile

Email

Website

Facebook

Instagram

Twitter

Other Social Media, handles or online sites / links

Do you identify as: *(please assist by completing)*

Aboriginal or Torres Strait Islander? Yes ___ No ___ If yes, which _____

Young person (up to 25 years of age)

Have children 0-3 years in your care

Gift Shop Items – Product Inventory

Product type (eg: jewellery, cushion, candles, bags, cards, homewares, etc)

Brief description _____

of items _____ Price of items _____ Attached image for reference yes / no

Product type (eg: jewellery, cushion, candles, bags, cards, homewares, etc)

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Are you are Member of ARTea's Gallery & Garden? Yes____ No ____

(If you would like to become a founding member please complete the application form and return)

If you are NOT A MEMBER OF ARTEA'S GALLERY & GARDEN, COMPLETE BELOW:

About the Artist Tell us a little about yourself and your art. This may be used by ARTea's Gallery & Garden on their website, social media channels and provided externally through media releases to assist in promotion of your involvement Gallery.

Also attach up to **3 representative images** that CAN be used in in any type of appropriate promotion (both print and electronic). By doing so you are giving approval for publication of these images by ARTea's Gallery & Garden and Swansea Community Cottage Inc but please note copyright remains with the creator.

How did you hear about ARTea's Gallery & Garden? Please circle

Exhibited at Art by the Lake Attended Art by the Lake SCC Website SCC Facebook

Media -online, radio, tv, paper, pelican itch, other Word of Mouth -friend, family, Cottage staff

St Peter's Anglican Church Another art group _____

Other _____

Category of your work- for example candles, jewellery, homewares. Please list all categories.

Sales, commissions and banking

Bank Details- Please provide your details for bank transfer of sales less commission

Name on Account _____

Banking Institution Name _____

BSB Number _____

Account Number _____

(Please note sales less 10% commission on the gift shop sales may take up to 5 business days after funds clear to be transferred into your nominated account)