

PHILOSOPHY:

Clay Art Center provides studio space and a well equipped facility for ceramic artists to continue their practice and to enable growth and independent study in an environment that nourishes and accommodates many levels of commitment and accomplishment. The Clay Art Center studios are a place where creativity and community spirit flourishes. All Artists must demonstrate their commitment to assist with the Educational Programs and other studio chores.

FACILITIES:

Clay Art Center offers private and shared studio space for rent only to members. Associate artists have access to glazing and firing facilities. The studios are well equipped with electric wheels, extruders, slab rollers, pug mills, electric and gas kilns and a common, well-stocked glaze area.

COOPERATIVE COMMUNITY:

Each artist is required to contribute time each month to communal activities per the agreement with the Clay Art Center. Each artist has unlimited access to Clay Art Center facilities and has a responsibility to maintain a secure facility while they are on premises and to assure that the premises are neat, clean and secure when they leave.



TYPES OF STUDIO SPACES AVAILABLE

Circle which one you are interested in:

PRIVATE SPACE

There are currently 14 private spaces and each one is designated to be a 100 square foot area equipped with access to electricity, shelves and a worktable.

Community Time: 3 hours of community time per month.

Monthly Fee: \$330.00

COMMUNAL SPACE

Artists' Communal spaces are provided with individual shelves for storage and share the large common room that is equipped with electricity, tables, wheels, extruder, and a slab roller.

Community Time: 3 hours of community time per month.

Monthly Fee: \$220.00

ASSOCIATES

Associate artists have use of the glaze and kiln rooms and are assigned shelf space to facilitate glazing and firing.

Community Time: 3 hours of community time per month.

Monthly Fee: \$100.00

STUDIO ARTIST APPLICATION

It is the policy of Clay Art Center to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

CONTACT INFORMATION

NAME

ADDRESS

CITY, STATE, ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

REFERENCES: Please provide two

REFERENCE 1

NAME:

TITLE:

PHONE:

RELATIONSHIP:

REFERENCE 2

NAME:

TITLE:

PHONE:

RELATIONSHIP:

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME:

ADDRESS:

CITY, STATE, ZIP CODE

HOME PHONE

WORK PHONE

E-MAIL ADDRESS

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (PRINTED)

SIGNATURE:

DATE: