

Central School Project



Membership Application Form

Please print and return this form to PO Drawer H, Bisbee, AZ 85603 **by July 1**. You may include a cd, slides or up to 10 pages of written material representative of your work; if you do, please also enclose a self-addressed stamped envelope. Please answer all questions; incomplete applications will not be considered. Please respond briefly to narrative-type questions, but you may use additional sheets if you need additional space.

Part A.

1. Date of application _____
2. Applicant Name _____
3. Mailing address. Street/Box _____
City _____ State _____ Zip _____
4. Physical address. _____
City _____ State _____ Zip _____
5. Phone (520) _____ Fax (520) _____ email _____
6. How long have you lived in this location? _____ How long in this area? _____
7. If less than one year, where did you live previously, and for how long? _____

8. Why did you move to this area, and how long do you expect to stay? _____

9. Training and Education

Undergraduate _____ Degree _____ Year _____

Undergraduate _____ Degree _____ Year _____

Graduate _____ Degree _____ Year _____

Graduate _____ Degree _____ Year _____

Other _____

10. Since CSP bills are paid principally with funds from Member studio fees, paying fees every month on time is considered a particularly important Member obligation. Please discuss your ability to meet this obligation.

11. New Members are normally expected to commit to a minimum two-year occupancy. Would this be a problem for you? Yes/No ____ If yes, explain _____

12. Members sometimes share their studio with family or business partners. In such cases, each person sharing the space must go through a Membership approval process separately from the Member. Would you expect to request approval for someone other than yourself? Yes/No __

If yes, please explain. _____

13. Please list three references we may contact concerning your application.

a. Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (_____) _____ email _____

b. Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (_____) _____ email _____

c. Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (_____) _____ email _____

Part B.

14. Please describe in some detail the kind of work you would be doing in your studio.

15. What time(s) of day would you normally expect to be in the studio?

16. Please state your goals/vision for yourself and your work and how you think being a CSP Member will affect these?

17. Have you ever been an active member of a cooperative before? Yes/No _____. If yes, please identify and describe the group, state the place and times, discuss the positive and negative aspects of your experience, and the reasons you left.

18. CSP was created for and remains committed to the 3-fold purpose of providing affordable studio space for working artists, preserving the historic Central School building as a cultural center, and fostering the arts in the community. How do you feel you will contribute to these purposes?

19. CSP is dedicated to providing a nourishing creative space for each of our Members. Since we also provide a facility for public events, including music, theater and workshops, there is a potential for conflict. Noise, for instance, is particular disturbing to some Members, smoke and fumes to others, commotion to others. If your work or work habits involve particular needs that you would like other Members to be conscious of, please discuss them. On the other hand, if you feel that your activity in the building may present some particular concern for other Members, please discuss those.

20. Please use this space to tell us anything else you would like us to consider when reviewing your application.