

**Greene Street Artists Corporation
5225 Greene Street
Philadelphia, PA 19144**

Application for Membership

PLEASE TYPE OR PRINT LEGIBLY

Applications are confidential, for review by committee only.

All qualified applicants will be interviewed by the Membership and Policy Committee.

PERSONAL INFORMATION

Applicant #1: Name _____

Address _____

Telephone day () _____

eve () _____

cell () _____

fax () _____

e-mail address _____

Applicant #2: Name _____

Address _____

Telephone day () _____

eve () _____

cell () _____

fax () _____

e-mail address _____

Applicant Name: _____
Greene Street Artists Corporation

Date of Application _____
Application for Membership

Part I: ARTISTIC BACKGROUND

Section A: Current Work

1. Please attach a sheet of slides, a CD, or other evidence of your work, and a professional resume. Be sure to label all submissions clearly.
2. Please give us a brief description of your work and list three professional art references.

Applicant 1 _____

Art Career References

1. Name & Telephone _____
Affiliation _____
2. Name & Telephone _____
Affiliation _____
3. Name & Telephone _____
Affiliation _____

Applicant 2 _____

Art Career References

1. Name & Telephone _____
Affiliation _____
2. Name & Telephone _____
Affiliation _____
3. Name & Telephone _____
Affiliation _____

Applicant Name: _____
Greene Street Artists Corporation

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Section B: Education

Starting with the most recent, please show secondary schools attended, years attended, and certificate or degree obtained. Use additional space on back if necessary.

	Applicant 1	Applicant 2
School/College	_____	_____
Years Attended	_____	_____
Degree/Certificate	_____	_____
School/College	_____	_____
Years Attended	_____	_____
Degree/Certificate	_____	_____
School/College	_____	_____
Years Attended	_____	_____
Degree/Certificate	_____	_____

Section C: Residence Issues

1. Does the work of either applicant generate hazardous vapors, fumes, or particles, or require the use of toxic materials that need special disposal or handling (acids, solvents, glaze compounds, etc.)? Please describe and explain how you plan to handle these requirements.

2. Does the applicant(s)'s work require special accommodation for sound? How will this be done?

3. Please explain any special circumstances or needs associated with your work.

Certification

I/we affirm that the information contained in this application is true and complete to the best of my/our knowledge. I/we further understand that membership in the Greene Street Artists Corporation confers all rights and obligations described in the GSAC Handbook.

Applicant 1 signature _____ date _____

Applicant 2 signature _____ date _____

Part II: FINANCIAL INFORMATION

Please seal financial pages (4, 5, & 6) in a separate envelope with your name on it

Section A: Address and Residence Information

	Applicant 1	Applicant 2
Current Address	_____	_____
Telephone #	_____	_____
E-mail Address	_____	_____
Social Security #	_____	_____
Landlord Name	_____	_____
Landlord Phone #	_____	_____
# Years at this address	_____	_____

Section B: Monthly Income

	Applicant 1		Applicant 2		Total
Salary/Wages*	_____	+	_____	=	_____
Salary/Wages*	_____	+	_____	=	_____
Income from Artwork	_____	+	_____	=	_____
Interest Income	_____	+	_____	=	_____
Dividend Income	_____	+	_____	=	_____
Other	_____	+	_____	=	_____
Other	_____	+	_____	=	_____
Other	_____	+	_____	=	_____
(use additional space on back if necessary)					
Total Monthly Income	_____	+	_____	=	_____

*Please fill in the following information for each job (use additional space on back if necessary)

	Applicant 1	Applicant 2
Job Title	_____	_____
Years Employed	_____	_____
Employer Name	_____	_____
Employer Phone #	_____	_____
Employer Address	_____	_____

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Section C: Monthly Expenses

Please list monthly expenses and check those that will continue after you have joined the co-op.

	Applicant 1	Applicant 2	Total
<input type="checkbox"/> Rent Payments _____	+	_____	= _____
<input type="checkbox"/> Mortgage _____	+	_____	= _____
<input type="checkbox"/> Car Loan(s) _____	+	_____	= _____
<input type="checkbox"/> Student Loan(s) _____	+	_____	= _____
<input type="checkbox"/> Credit Card(s) _____	+	_____	= _____
<input type="checkbox"/> Other _____	+	_____	= _____
<input type="checkbox"/> Other _____	+	_____	= _____
<input type="checkbox"/> Other _____	+	_____	= _____
(use additional space on back if necessary)			
Total Monthly Exp. _____	+	_____	= _____

Section D: Assets

Please list checking, savings, IRA accounts, etc.
 (use additional space on back if necessary)

	Applicant 1	Applicant 2
1. Account Type _____		_____
Bank Name _____		_____
Bank Phone # _____		_____
Account # _____		_____
Account Balance _____		_____
2. Account Type _____		_____
Bank Name _____		_____
Bank Phone # _____		_____
Account # _____		_____
Account Balance _____		_____
3. Account Type _____		_____
Bank Name _____		_____
Bank Phone # _____		_____
Account # _____		_____
Account Balance _____		_____

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Section D: Narrative

1. Please explain any credit problems you have had over the last seven years, or late payments shown on your credit report. Use additional space on back if necessary.

2. Please explain any financial circumstances you feel we should take into consideration when reviewing your application. Use additional space on back if necessary.

Certification

I/we affirm that the information contained in this application is true and complete to the best of my/our knowledge. I/we further understand that membership in the Greene Street Artists Corporation confers all rights and obligations described in the GSAC Handbook.

Applicant 1 signature _____ date _____

Applicant 2 signature _____ date _____

For GSAC use only	
Verification Received:	
<input type="checkbox"/> Income, date: _____	
<input type="checkbox"/> Timely rent/mortgage payments, date: _____	
<input type="checkbox"/> Credit history, date: _____	
<input type="checkbox"/> Approved, date: _____	<input type="checkbox"/> Declined, date _____