



WHO WE ARE:

Art Works is a 501(c)(3) non-profit organization whose purpose is to provide working artists with the space, community, and programming necessary for a successful practice. Art Works will serve as a hub for artists, the community, and existing arts organizations in the South Metro area to connect and network with each other. The collaborative nature of Art Works' artistic community is our driving force; we hope and expect that our studio artists will both contribute to and benefit from their fellow artists across media.

Artists and makers who opt for a 6- or 12-month membership will have 24/7 coded access to their studio space as well as Art Works' lounge and kitchenette area. Month-to-month artists and makers will have access to the studio during business hours. Art Works membership also includes the following benefits: Free Wi-Fi, utilities included, invitation to participate in group shows, open studio nights and community events.

MEMBERSHIP RATES:

Type of Studio:	Monthly Rate:
General Communal Studio	\$30/month
Communal Ceramics Studio without storage	\$125/month
Communal Ceramics Studio with storage	\$190/month (48 sq. ft. single) \$375/month (96 sq. ft. double)
Makerspace Studio	\$35/month (starving maker) \$65/month (household maker) \$95/month (household maker PRO)
General Private Studio	Studio sizes and rates vary; email studios@artworkseagan.org for details

APPLICATION REQUIREMENTS:

Interested artists, at least 18 years of age, must fill out this application and provide the following materials for jurying: (General Communal Studio applicants will not be subject to jurying; however, we ask that these materials be submitted regardless)

- A brief resume (no more than 2 pages);
- A list of 2-3 personal and/or professional references, including names, phone nos., and email addresses;
- 3-5 digital images, audio or video files (high quality jpeg files no larger than 2 MB, mp3 files no larger than 5 MB, or links to online video content) of work completed within the last 3 years (*Makerspace applicants*: this request is optional); and
- A check for the total amount due with application referenced on the first page of the application form. *Please Note*: your check will not be deposited unless or until you have passed the jurying process and have signed a membership contract. If you are not accepted to be a studio artist at this time, your check will be returned to you.

Email application materials and digital files to studios@artworkseagan.org or send by mail (with digital files on a CD or thumb drive) to:

Art Works
Attn: Studios
3795 Pilot Knob Road
Eagan, MN 55122



STUDIO ARTIST APPLICATION FORM

Who Are You?

1. Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____
(Please circle the best method to reach you)

Website: _____

2. What type of studio are you applying for?

General Communal Studio (\$30/mo.)
Length: month-to-month
 6-month
 12-month

Ceramics Studio without storage (\$125/mo.)
Length: 6-month
 12-month

Makerspace Studio
Length: month-to-month
(starving maker only)
 6-month
 12-month

Starving Maker (\$35/mo.)
 Household Maker (\$65/mo.)
 Household Maker PRO (\$95/mo.)

General Private Studio (12-month only)
Studio #: _____ Rate: \$ _____/mo.

Ceramics Studio with storage (12-month only)
 48 sq. ft. storage space (\$190/mo.)
 96 sq. ft. storage space (\$375/mo.)

First Month's Dues \$ _____ + Annual Fee \$ 50.00 = Total due w/application \$ _____

2a. *Private Studio and Household Maker PRO Applicants Only:* Are you intending to share studio space with other applicant(s) or current studio artist(s)?
 Yes No If yes, please list (*limit 3 artists per private studio*):

Name: _____ Name: _____

3. Requested Membership Start Date: _____ (*requested date cannot be guaranteed*)

4. Have you ever occupied an artist studio space before? Yes No If yes, please list most recent:

Name of Facility: _____ Date Left: _____

For what reason did you leave this space? _____

5. What are your objectives for a Studio Artist Membership?

6. What would you bring to the Art Works Community? How would you benefit from the Art Works Community?

What Do You Do? *(If more space is needed, please attach additional pages)*

1. In what medium or media do you work?

2. How often do you anticipate using the studio space? *(days per week)* _____

3. Would you be available to participate in open studio nights throughout your Membership term?

Yes, every month No, not every month

If no, please indicate how many months, if any, you would be able to participate: _____

4. Would you be able to volunteer for Art Works at least 2 hours per month? Yes No

If no, please explain: _____

5. *For All but Makerspace Applicants:* Will you require electricity? Yes No Number of amps required: _____
(availability not guaranteed and additional charge may apply for non-standard amperage)

6. Do you mix, produce or otherwise use any toxic or hazardous substances in your work or engage in any hazardous activities in creating your work? *Examples include: the use of spray paint, liquid metal, inflammable substances, materials or open flame of any kind, sanding or heavy machinery, etc.*

Yes No If yes, please list all and explain how each is used in your process:

6a. How do you currently store, manage, and/or dispose of toxic/hazardous substances you use or produce?

7. Do you use any specialty tools or require a controlled studio environment? *Examples Include: humidity, temperature, ventilation, etc.*

Yes No If yes, please list all:

For Ceramics Studio Applicants Only:

8. What experience do you have with common ceramics equipment and processes? For example, experience with glaze mixing or formulation, clay body mixing or formulation, kiln firing (electric, gas, specialized), or repair/construction/maintenance of kilns, pug mills, slab rollers, wheels, etc. Please be as detailed as possible (attach additional page(s) if necessary).

For Makerspace Applicants Only:

9. What experience do you have with common makerspace equipment and processes? For example, experience with power tools, CNC routers, laser cutters, electronics lab equipment, etc. Please be as detailed as possible (attach additional page(s) if necessary).

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signed: _____

Dated: _____