

**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** \_\_\_\_\_

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**Art Career References**

1. Name & Telephone \_\_\_\_\_  
Affiliation \_\_\_\_\_
2. Name & Telephone \_\_\_\_\_  
Affiliation \_\_\_\_\_
3. Name & Telephone \_\_\_\_\_  
Affiliation \_\_\_\_\_

**Applicant 2** \_\_\_\_\_

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**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 \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
**Greene Street Artists Corporation**

Date of Application \_\_\_\_\_  
**Application for Membership**

**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)	+		=		_____
<b>Total Monthly Income</b> _____	+		=		_____

\*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 _____		

Applicant Name: \_\_\_\_\_  
**Greene Street Artists Corporation**

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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	_____	_____

Applicant Name: \_\_\_\_\_  
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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.

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

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**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 _____