

Bellingham Public Library Art Exhibit Application

Name of Exhibitor: : _____

Telephone (Day) _____ (Evening) _____

Address _____

Email _____

Medium _____

Your signature indicates that you have read and are in agreement with the terms and provisions of the Bellingham Public Library Art Exhibit Policy.

Name (please print): _____

Signature: _____

Date: _____

Please prioritize which three month period you would like to display your works by placing a 1 in front of your first choice, 2 for your second choice, and so on.

_____ June - August
_____ September - November
_____ December - February
_____ March - May

Please return this completed application page along with the materials required in the Application Guidelines. Keep one copy of the application page for your records.

Send your submission to
Bellingham Public Library
100 Blackstone Street
Bellingham MA 02019

If you have questions, please contact Bernadette Rivard, Library Director, Bellingham Public Library, 508-966-1660, brivard@bellinghamma.org