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.