



2724 NE Alberta Street 503.280.6329
www.sixdaysart.com

Membership Application

Applicant Name: _____ Business Name: _____

Address: _____

Phone Number: (day) _____ (eve.) _____

E-Mail: _____ Website: _____

Brief Description of Work: _____

Membership Levels: Please check the level you would like to begin with. You may change your level later on.

A: \$125.00 per month
0 hours Worked in Store
90% proceeds go to Artist / 10% to Six Days

B: \$100.00 per month
8 hours Worked in Store
80% proceeds go to Artist / 20% to Six Days

C: \$75.00 per month
16 hours Worked in Store
80% proceeds go to Artist / 20% to Six Days

D: \$50.00 per month
20 hours Worked in Store
70% proceeds go to Artist / 30% to Six Days

E: \$25.00 per month
24 hours Worked in Store
60% proceeds go to Artist / 40% to Six Days

***Upon acceptance a \$15 Administrative fee is due.**

Accepted on: _____

Declined on: _____

Pending:

Member #: _____ Key #: _____ Amt. Pd: _____ Date Pd: ____/____/____ Expected Start Date: ____/____/____