

**contact information**

First & Last Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**independent curators ONLY:**

*Please list names of artists whose work you are proposing to curate in an annex exhibit.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**artist teams ONLY:**

*Team/Collective Name (optional):*

*Names of all team members:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is at least one artist in your application a VAE member?  Yes  No

Name of VAE member: \_\_\_\_\_

*I agree to abide by all rules as set forth by VAE and outlined in the prospectus. The images submitted represent my work as accurately as possible. If submitting work on behalf of others, I have their permission to do so. My work is original, completed in the last two years and has not previously been exhibited at VAE. Everything contained in this application is factual to the best of my knowledge. I understand that VAE is not liable for any loss or damages to my offerings. I understand that no application materials will be returned to me. I understand that my application fee is non-refundable. I agree to abide by all VAE policies as posted.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to:

Visual Art Exchange  
attn: the cube  
309 W. Martin Street  
Raleigh, NC 27601

Questions? Visit <http://visualartexchange.org/galleries/the-cube/>

or contact VAE at 919.828.7834 or [meredith@visualartexchange.org](mailto:meredith@visualartexchange.org)