

**Les Cheneaux Area Artisan Cooperative**  
**Membership Application**

To be eligible to participate in our annual events (Music & Art Dockside, Art in the Park, & Holiday Art Tour), as well as to display in the Old Shell Gallery, you must do the following:

**1.** Meet residency requirements - Own property or live for at least 3 months out of the year within our geographic boundaries, which are:

**West:** I-75

**North:** I-75 to Old St. Ignace Rd. to Simons Rd. to Rockview Rd. to M129 to M48 East to Fairview Rd. to Gogomain Rd. then East to the St. Marys River

**East:** St. Mary's River

**South:** Lake Huron including Les Cheneaux Islands

**2.** Be an active producer of hand-made products.

**3.** Fulfill **one** of the following requirements:

1. Serve as a Board Member

2. Serve on a committee and attend at least one Board meeting per year

3. Attend a minimum of 3 Board meetings per year

**Read and sign the statement below to indicate your understanding of the rules of membership:**

*I hereby apply for membership in the Les Cheneaux Area Artisan Cooperative and agree to abide by the Bylaws of said Cooperative, now and/or hereafter in effect, copies of which have been presented to me for my inspection. I agree to pay a 10% commission to the LCAAC for any sales of my work sold directly through LCAAC sponsored events. I also agree to pay annual membership dues of \$10.00 per year.*

Signed: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Correspondence is predominantly through e-mail, so please list one that you check regularly!*

Business/Gallery/Studio Name:  
\_\_\_\_\_

Website: \_\_\_\_\_

Medium: \_\_\_\_\_

Why do you want to join the Cooperative?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any particular skills or knowledge that you think would be helpful to the Cooperative? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any goals or expectations in being a member of the Cooperative?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach 3-5 photos of your artwork to this application, or e-mail them to [lescheneauxartisancoop@gmail.com](mailto:lescheneauxartisancoop@gmail.com).

Please send this application to:

LCAAC

P.O. Box 135

Cedarville MI 49719

Accepted \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Member Initial: \_\_\_\_\_